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ABSTRACT

The second volume of a two-part resource guide for teachers of emotionally disabled students, this guide provides articles and informational items on aspects of serving this student population. The first section examines legal issues involved in conducting staffings, writing individualized education program objectives and understanding implications of disciplinary and management techniques. Section 2 focuses on the home-school partnership, with special attention to four areas: (1) informing and involving parents, (2) communicating with parents, (3) planning and monitoring the home/school relationship, and (4) developing a strong home management component. The third section is devoted to general information on autism and discussions of diagnosis and assessment, communication, and programming. A final section presents information on such assorted topics as observational techniques, student interviews, testing materials, and recordkeeping procedures. (CL)

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RESOURCE GUIDE

FOR

EMOTIONAL DISABILITIES

VOLUME II

1983

Keystone Area Education Agency
Division of Special Education

EC162171

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LEGAL ISSUES

The contents of this section provide the teacher with articles and informational items explaining some of the legal issues involved in ED programming. An attempt was made not to duplicate items in the Keystone Special Education manual. The reader is encouraged to refer to that manual for procedural processes in the identification and service of ED students.

This section is intended to help the teacher conduct staffings, write IEP objectives and understand some of the implications of various disciplinary and management techniques.

Resources

The following is a list of materials available through the Curriculum Laboratory, Special Education Division, Educational Services/Media Services.

Collins and Cunningham
  2 Curriculum Guides - Writing Individualized Programs (A Workbook for Special Educators), 1976

Edmark
  Legal Challenges to Behavior Model

Fearon-Pitman Learning, Inc.
  Juveniles Have Rights Too
  You Can Change the Law

Hubbard Company
  2 Professional References - So You're Going to Hearing: Preparing for a Public Law 94-142 Due Process Hearing, 1980

Learning Concepts
  Mainstreaming Series
  1 Activity Book - The Public Law Supporting Mainstreaming, Primary through Senior High, 1977

  1 Professional Reference - Individualized Educational Programming (IEP), 1977

Oakland Schools
  MEAD - Modular Educational Achievement Descriptor Basic Set
  3 Curriculum Guides - Social Emotional Criterion Items, 1975
  3 Curriculum Guides - Social Emotional Objectives, 1975

Scholastic
  Criminal Justice
  Civil Justice

University of Minnesota Advanced Training Institute
  Punishment and Aversive Stimulation in Special Education by Frank Wood

AREA: Psycotherapy
SOURCE: Provided by Carl R. Smith, ED Consultant, DPI
FROM: Perspectives For A New Decade: Educational Responsibility for Seriously Disturbed and Behaviorally Disordered Children and Youth. (Frank Wood, Ed.) CEC, 1981.

POLICY ISSUES IN PROVIDING PSYCHOTHERAPY AND COUNSELING AS RELATED SERVICES

Carl R. Smith

This topic presents a dual edged sword. On the one hand, there is the need to be quite careful, even legalistic, in the choice of words, phrases or statements of hypothesis; it seems that the area of policy issues in providing psychotherapy and counseling is being determined by due process proceedings and by the courts rather than by us, as professionals, arriving at what could be collectively agreed upon as best professional practices. On the other hand, there is a need to almost free associate the perceived implications of this current and important topic.

Perhaps the best way to resolve this dilemma is to give a brief background of the writer. I am neither an attorney, a judge, a hearing officer, nor a legislator, and even shudder at the curse of being referred to as an administrator. Rather, I consider myself a professional who works for a state education agency, attempting to be an advocate for the development of appropriate programs and services for those youngsters referred to in Public Law 94-142 as "seriously emotionally disturbed." I participate in both leadership activities and administrative tasks.

Because of this background, I am appropriately humble when it comes to stating terms legally or predicting what either our courts, hearing officers, or legislators might be inclined to do. Such humility, however, tends to taper off a bit when it comes to stating opinion or how I think things should be!

DEFINITION OF TERMS

The title of this paper includes several key words or phrases which merit definition. Some are defined in P.L. 94-142, while others are not mentioned in that document. Those which are not defined in federal statute or concept papers, I will take considerable liberty in defining.

The term "seriously emotionally disturbed" refers to a group of handicapped pupils defined in P.L. 94-142. Although both this choice of terminology in describing behaviorally deviant students and the definition itself have provoked considerable professional criticism (Yard, 1977) it is nevertheless -- the current standard. It reads as follows (Federal Register, 1977):

> A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to learn which cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feeling under normal circumstances; a general

> pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms, or fears associated with personal or school problems. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted but are not emotionally disturbed. (p. 42478)

At least two studies (Epstein, Cullinan & Sabatino, 1977; NASDE, 1978) have verified that states are, despite this federal definition, using a variety of terms and definitions to apply to this population. However, at this time, it appears that such variations have been deemed acceptable and consistent with federal statute.

"Related services" is also defined in P.L. 94-142 as follows (Federal Register, 1977)

> The term "related services" means transportation, and such developmental, corrective and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children. (p. 42479)

Related services are further defined in 45 C.F.R. 121a.13. In that section "counseling services" means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

The differentiation of "counseling" from "psychotherapy" is a difficult and perhaps impossible task. For the purposes of this paper no such differentiation will be presented. This stance is consistent with Patterson (1966) who states:

> The difficulty in, or impossibility of, separating counseling and psychotherapy is apparent when one considers the definitions of each offered by various authors. The definitions of counseling would in most cases be acceptable as definitions of psychotherapy, and vice versa. There seems to be agreement that both counseling and psychotherapy are processes involving a special kind of relationship between a person who asks for help with a psychological problem (the client or the patient) and a person who is trained to provide that help (the counselor or the therapist). The nature of the relationship is essentially the same, if not identical, in both counseling and psychotherapy. The process that occurs also does not seem to differ from one to the other. Nor do there seem to be any distinct techniques or group of techniques that separate counseling and psychotherapy. (p. 1)

Implications

From the review of definitions and terminology found in present federal statutes, it appears that the door has been left open to the provision of counseling services to handicapped children. As brought forth in such recent court decisions as "A" Family vs. State of Montana (1979), the interpretations of the right to such services seem to be extending to the purchase of psychotherapy services from professionals outside the educational structure. It is my contention, however, that such a movement in not necessarily going to lead to improved services for seriously emotionally disturbed students, and may, in fact, be of negative consequence for some. Eysenck (1953) states:

> To the specialist engaged mainly in therapeutic work, the bad effects of education are most obvious and he is likely, therefore, to have a poor view of training in education. The educator, on the other hand, as the authorized agent for perpetuating accepted values and traditional ways of culture, is likely to value more highly the importance of his calling. This difference in attitude easily leads to charges by the clinician that the educator is brutal and sadistic, and to the countercharge by the educator that the clinician is idealistic and unrealistic . . . There does seem to be a distinct tendency in contemporary culture for the educator to be replaced by the clinician, not because of any conscious and deliberate policy or because there are any facts showing the superiority of the one approach over the other, but rather for nonrational and emotional reasons. (pp. 211-212)

Although this quote is certainly dated, I would contend that the basic premises are still valid. A more recent proposal by Szasz (1979) in his book titled The Myth of Psychotherapy brings to light an even more frightening possibility, given the direction of our current movement.

> Most people now believe that it is a good thing that the state defines what is sickness and what is treatment and that the state pays for whatever treatment people need. What most people do not understand, indeed seem disinclined to understand, is that the state may, and therefore will, define as sickness whatever the people might want to do for themselves; that it may, and therefore will, define as treatment whatever the government might want to do to the people; and that it may, and therefore will, tax the people for "medical" services that range from denying Laetrile to those persons who want it to imposing psychiatric imprisonment on those who do not want it. Clearly, the future scope of such "services" promises to include an array of therapeutic prohibitions and prescriptions of truly Orwellian proportions. (pp. 198-199)

PROPOSITION

As a result of such global concerns, I would like first to make a proposal and then to elaborate on several points of rationale in relation to this proposal.

BE IT RESOLVED: That counseling and psychotherapeutic services are only to be provided to selected handicapped pupils who can be shown to be in need of such services in order to progress within an educational structure.

BE IT FURTHER RESOLVED: that such services are only to be delivered by education employed personnel; are to be delivered typically within the school building; and, in most cases, are to be implemented within the student's special or regular classroom.

BE IT FURTHER RESOLVED: that such services must have specified, written goals and objectives and evaluation criteria.

BE IT FURTHER RESOLVED: that such services are not, in any manner, appropriate for all children and adolescents identified as "seriously emotionally disturbed."

RATIONALE #1: The Myth of Psychopathology

Achenbach (1978) stated:

> Lacking objective criteria for discriminating normality from pathology, mental health workers may be overly sensitive to signs of pathology. This is especially true where children are concerned, because they may become anxious, constricted, impulsive, or withdrawn when brought to mental health settings, which they view as mysterious, threatening, or punitive. Clinical settings are thus likely to highlight signs of pathology, and the effect of pathological biases on clinical judgments on even the most normal children have been well documented. (p. 766)

This quotation points out one of the major dangers we face in our field today--that is, assuming pathology within the population we serve when such pathology may not exist. Likewise, we are often placing our students in settings where pathology is expected. Perhaps we are even disappointed if we do not see it! Rhodes (1979) alluded to this when he stated, "Deviance is in the eye of the beholder. What you see is what you get" (p. 1). Rosenhan (1973) dramatically illustrated this point when he, along with seven other copatriots, had themselves admitted to private and public mental health institutions and found themselves held for 7 to 52 days with initial diagnoses of schizophrenia and discharge diagnoses of schizophrenia in remission.

Engle (1972) also dealt with the perception of pathology by classroom teachers in viewing their students. She pointed to an additional problem in this process when she concluded:

> The relationship between parents' views of maladjustment of their children and teacher's judgments is high and statisistically significant if the social class of the children is taken into account. The correlation is quite high (.90 in one study) between parents and teachers of middle class children. With lower class children the correlation drops (.17 in one study). (p. 34)

When I was in training to be a teacher of behaviorally deviant students, much of the emphasis of the training program dealt with the distinction between educational and therapeutic interventions with students. We were being taught in accordance with a view described by Rhodes and Paul (1978): "When the child was "cured" and only then, he or she could be educated. Reasonableness and nonreasonableness were mutually exclusive human qualities" (p. 274). This viewpoint was exemplified in my training program through a heavy emphasis on child psychiatry literature, including the use of case histories from child psychiatry journals as a primary training tool. We were studying how to deal with deviant behavior in the classroom on the basis of what had been reported as being clinically successful with similar children.

More recently our profession has shifted in the direction of training our teachers to realize that our primary goal is to provide an appropriate educational program for youth whose behavior is deviant in the classroom. We are now also concerned with a student's academic progress because we realize that such progress may play a very important role in whether or not the student returns to the regular classroom. We have also become aware that a student's self-perceived and actual competence as a student may have a very important bearing on his or her behavioral adjustment. Finally, we have begun to realize that those pupils with overt clinical characteristics represent only a portion of all students served in such programs.

Algozzine, Schmid, and Connors (1978) described two types of students found in programs for the "seriously emotionally disturbed." One type of student manifested behaviors which may be problematic in school but not at home, and may be very responsive to environmental management strategies. The second type of youngster (clinical) manifests deviant behavior across home and school settings and does not appear responsive to environmental management strategies, suggesting that the problem may be related to organic inadequacies within the child.

One of the obvious problems with the Algozzine, Schmid, and Connors study is that it lacks a data base to support the hypotheses. Recently, in a study in which I participated (Peterson, Zabel, Smith, & White, 1980), teachers of the seriously emotionally disturbed in three midwestern states were asked to estimate how many of their pupils were actually emotionally disturbed with clinical implications versus how many were behaviorally disordered. Tentative results of this study indicated that a greater number of behaviorally disordered pupils are perceived as being in such programs, especially the less restrictive models. Grosenick and Huntze (1980) summarized the sentiments of many professionals in the field of behavior disorders:

> The Label "seriously emotionally disturbed" tends to focus on children and youth with disturbances of behavior that are psychiatrically defined and/or intra-psychic. While these children and youth are appropriate for services by public education, they are only a small portion of the types of serious problems that public schools face. Many of the most serious school concerns involve behavior that has no psychiatric overtone. (pp. 22-23)

It is my own contention that, with the increased emphasis on related services -- such as counseling and/or psychotherapy, we must be cautious not to add to the prevalence of the myth of psychopathology in relation to the entire population of those children and adolescents included in the federal count of "seriously emotionally disturbed." I would further contend that the efficacy of traditional counseling and psychotherapy with both clinical and nonclinical populations has been questioned. I believe we must work hard to avoid contributing to a situation similar to that reported by a Ralph Nader task force (Chu & Trotter, 1974) in relation to the Community Mental Health Centers Act of 1963:

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> Psychiatric domination of the program meant that centers would inevitably regard the problems and needs of clients from the narrow perspecitve of a sickness requiring medical attention from medical personnel. Nowhere is this perspective more evident that in the program's outlook toward state hospitals. The framers of the center's program assumed that state mental hospitals were primarily treatment institutions; that the individuals residing in or sent to state hospitals suffered from "mental illness"; that mental health professionals and psychiatrists in particular were the most appropriate personnel to help these individuals; and that psychiatric intervention was truly effective in dealing with such problems. Without questioning these assumptions . . . the program's originators simply proceeded to design another system of psychiatric treatment institutions. They believed that constructing more buildings and hiring more mental health professionals was the appropriate and effective strategy for meeting the needs of state hospital inmates. (pp. 21-22)

RATIONALE #2: The Question of Efficacy

Before addressing this rationale, I wish to reiterate a primary personal bias. I believe that an appropriate educational program for a behaviorally deviant child goes as far as, and perhaps farther than, most related services in meeting the affective needs of such a student. My bias also leads me to believe that social and academic competence begets a mentally healthy child or adolescent. Further, I believe that any productive counseling service is aimed at creating freedom as defined by Rollo May (1975):

> Human freedom involves our capacity to pause between stimulus and response and, in that pause, to choose the response toward which we wish to throw our weight. The capacity to create ourselves, based upon this freedom, is inseparable from consciousness or self-awareness. (p. 117)

Counseling techniques which are easily within the competence realm of classroom teachers of the "seriously emotionally disturbed" or school based support personnel, such as school psychologists or school social workers, would seem to address such student needs. Techniques such as life-space interviewing, relationship building, or the various self control curricula available would certainly seem to fit the bill.

But others may cry that psychotherapy and counseling must go far beyond such humble parameters to meet the needs of some children. They might present as examples autistic or psychotic children, or extreme cases of family psychopathology. It is true that the psychotic or autistic student may need more than the pragmatically based counseling approach described above. However, I would contend that the efficacy of more depth oriented approaches has yet to be shown. This finding, for example, has led such parent dominated groups as the National Society for Autistic Children to laud the value of a well structured, skill oriented educational program as compared to more traditional psychiatric treatments. Obviously there are families who have needs which extend beyond the need for a school program. However, as I will discuss later, I believe there are definite limitations to what the school should do in dealing with such tragic circumstances.

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Another side effect of what appears to be the common perception that something must be done with the family in order for a "seriously emotionally disturbed" child's behavior to improve is again a perception of pathology which may or may not be present. Walker, Hops, and Johnson (1975) contrasted the behaviors of behaviorally deviant children in the classroom versus the home setting as part of a study dealing with the generalization and maintenance of classroom treatment effects. This was done by using objective observers in both settings. According to these authors:

> Children who exhibit high rates of deviant behavior in school do not necessarily show similar difficulties at home . . . These findings taken together would seem at least to call into question the not infrequent practice of referring parents for counseling because of their child's behavior problems in school. Furthermore . . . it would appear likely that improved behavior in relation to the family would not have any necessary impact on the child's behavior in the classroom. (p. 198)

The question of "setting generality" or the influence of operations performed in one setting or the child's behavior in other settings has also been addressed by Wahler (1969). Home based behavioral programs established for two children were followed up to see the effects of such programs in both the home and school settings. Similar to the conclusions drawn by Walker et al. (1975), Wahler found that the children's behavior in the school setting was unaffected by the home operations. Only when similar operations were applied in the school did changes show in both home and school settings.

By looking at these empirical studies as well as others (Johnson, Bolstad, & Lobitz, 1974; O'Leary & Drabman, 1971; Meichenbaum, Bower, & Ross, 1968; Skindrud, 1972) we find that behavior appears to be situationally bound and to some extent independent of other settings. Thus, we should be capable of designing appropriate management programs in the school setting which lead to positive change in this setting regardless of what is taking place elsewhere--including the home. This statement should not be misconstrued to mean that we should not be interested in providing support to the homes of the pupils with whom we deal, especially through the services of such professionals as the school social worker. However, to hesitate in intervening of the "home situation" may in fact be selling ourselves short regarding what can be done.

I am not attempting under this rationale to cast doubt on all forms of counseling or psychotherapy. Rather, I believe there are many efficacy questions concerning such approaches which have yet to be answered. Before we rush out of the schools to take all of our diagnosed "seriously emotionally disturbed" children and their families to the local psychiatrist or mental health agency, we had best pause and look at these issues. Again quoting from the Nader report (Chu & Trotter, 1974):

> Throughout our report . . . appear such questions as "What can psychiatrists do that no one else can do?: and "How do they know that what they do does anyone any good?" Admittedly, these

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> questions are enormously difficult to answer, but they do raise issues that have been too long ignored by psychiatry. Furthermore, the very lack of response we have received to these questions indicates that many psychiatric claims to "expertise" are based on imputed knowledge and assumed effectiveness rather than on factual evidence. (p. xix)

RATIONALE #3: The Limitations of the Educational Structure

My final rationale for this proposal deals with a very simple notion. Excuse me if I sound like a conservative, but I do believe that there are limitations to those services which should be provided in our public schools.

Public Law 94-142 is a sweeping mandate to provide a free appropriate public education for handicapped learners. When our legislators were drafting and voting on this piece of legislation, I wonder if any debate centered on purchasing ongoing psychiatric services for our nations's children and adolescents. In the definition of related services originally proposed, medical services were specifically limited to diagnostic and evaluation purposes.

Special education is in the fortunate position today of being a mandated program. Our colleagues in mental health services generally do not have the capability, at present, to reach the general school age population, as we do. We must be cautious in protecting an educational mandate from being used by others to get programs and services. In our rush to provide mental health services promoted by the myth of psychopathology, I fear that precious resources will be taken away from providing adequate educational programs for students who seem to need them.

WHEN REASON DOES NOT PREVAIL!

Despite the points made above, there does seem to be an increased effort by some in our field to expand the mandate to directly pay for psychiatric services under the guise of "related services." Among the areas which will have to be dealt with are (a) the specific credentials required of those delivering mental health services; (b) the specific process by which the need for such services is determined; and (c) supervision of such services.

In addition, there is the question of accountability. With the initiation of P.L. 94-142 and a myriad of comparable state legislative changes, we have all been forced into greater accountability in our instructional programming for handicapped students. Such accountability takes many forms, including the inclusion of parents in decision making, the presentation of collected data upon which decisions are made, and the annual review process.

If the public schools enter into increased activity in the form of counseling or psychotherapy services, then it is incumbent that such services be held just as accountable as are instructional services. Such questions as these must be addressed:

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- What is going to be the content of such services?
- How will they be delivered?
- By whom?
- What are the annual goals and short-term objectives of such services?
- What will be the specific behavioral changes which will be observed in the pupil?
- How will such changes be evaluated?

In the past, such human change services as psychotherapy have appeared to function under a cloak of secrecy. Some may have contended that the lay public simply could not understand such complex procedures. This rationale has certainly been criticized within the therapeutic professional community (Drummond, 1979; Szasz, 1979).

With the movement of such services closer to the public school structure such ill defined procedures and fluid accountability cannot be tolerated. If the public is obligated to pay for such services, then these services must be explained. A reported outcome such as "Johnny feels better about himself" will not suffice as a comprehensive outcome of such services.

In these days of so-called "limited resources," there are also a number of funding issues which must be addressed. If increased counseling or related services are provided from within our educational structure, then obviously one of two directions will have to be taken. Either increased personnel will have to be employed, or other previously delivered services by these professionals will have to be eliminated. With financial restraints being applied, it appears that the latter direction will have to be followed.

If such services are to be purchased in systems outside the educational structure, additional questions will have to be faced, such as (a) who pays?, (b) who establishes the cost?, and (c) who determines the need?

The crux of this matter rests, perhaps, with who determines the need for such services. As earlier implied, I am quite concerned over our society's uninformed consumerism in relation to mental health services. And I am also concerned about who will be making the decisions regarding need. It seems highly probable that staffing teams dominated by mental health professionals, for example in residential care settings, will readily see the need for such services. As Weatherly and Lipsky (1977) reported in a review of the implementation of special education in Massachusetts:

> The kinds of disorders identified through screening were directly related to the specialty of the person doing the screening. For example, System B, which relied much more heavily on speech specialists to conduct screening than the other two systems, referred more than twice as many children because of speech problems. (p. 184)

SUMMARY

This paper has reviewed many of the concepts related to the provision of counseling and psychotherapy services to pupils identified as "seriously emotionally disturbed." I have intentionally advocated a very conservative approach to these services in light of recent court decisions and the reported direction of some thinking at the federal level. It is incumbent upon us, as a professional community, to voice our concerns regarding such a direction.

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AREA: Staffing Reports
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1
PROCEDURE: The following article provides useful guidelines to help prepare staffing materials and reports.

Staffing and D & E Summary Guidelines

Your input will be requested at staffings on students in your program. A Diagnostic and Evaluation (D&E) Summary Sheet will be sent to you for summarizing that information. Such summaries will be returned to the primary agent prior to the staffing and will be typed and formally entered into the student's D&E report in his file.

Your input at staffings and in the summaries should include information on the student's strengths and weaknesses in the following areas:

I. Academic Functioning
  A. Most current test data in reading, math, language arts
  B. Informal assessment information
  C. Present levels, materials, skill acquisitions, etc.

II. Social Functioning
  A. Peer relationships - individual and small group
  B. Adult relationships - teachers and other school personnel
  C. Self-control - individual or group

III. Classroom Behavior
  A. Management of time - structured and unstructured
  B. Reaction to authority
  C. Management of belongings and materials
  D. Adaptability to change
  E. Work completion
  F. Etc.

IV. Successful Interventions/Methods
  A. What motivates the child
  B. Preferred activities
  C. Behavioral change techniques (praise, activities, tangible rewards, recognition, self-charting, etc.)

V. Present Educational Needs
  - necessary services
  - goals
  - recommendation related to the purpose of the referral/staffing

The emphasis and content of your input will vary with the student and the purpose of the staffing. Summaries should be just that - a summary of your information. Be concise but thorough. Review the attached sample for assistance.

D & E-S-1

KEYSTONE AREA EDUCATION AGENCY

DIVISION OF SPECIAL EDUCATION
1473 Central
Dubuque, Iowa

Individual Summary for Team Report

TO: Colleen Wren	POSITION: ED Teacher
Ann Kaiser	School Nurse
Dick Lohmeier	Psychologist
Bob Gallagher	Social Worker
Mae Reavis	Speech
Laurie Allen	Audiologist
Dave Willoughby	Principal
Patricia Rootes	ED Consultant
FROM: Patricia Rootes	POSITION: Consultant - Emotional Disabilities

DATE: 10/12/80

John Doe (Name) 01/03/71 (Birthdate) 4 - ED (Grade) has been referred for evaluation by Kennedy Elementary School and parental approval has been obtained.

Please provide to this staffing a brief statement for inclusion in the D & E Summary Report of the pertinent information you have of this student. This information is significant in evaluating and planning to meet this student's educational goals. A staffing will be scheduled when all summaries are completed; or a staffing has already been set for:

10/20/80 (Date) 3:30 p.m. (Time) Kennedy Elementary (Place)

We may need your participation, and ask you to keep the above date in mind if already scheduled.

SUMMARY STATEMENT:
John has been in my program from 1/22/80 to the present. During this time he has made significant progress both academically and behaviorally. The PIAT, administered 10/2/80, indicates he is functioning on or near grade level:

Subtest	Grade Equivalent
Mathematics	4.6
Reading Recognition	3.8
Reading Comprehension	4.1
Spelling	3.9
General Information	4.8
Total	4.3

(over)

Signature: ______________________

following goals: 1) getting started quickly; 2) working neatly and accurately (80% or better accuracy); 3) speaking politely/positive attitude; 4) following directions; 5) working hard independently; 6) completing the work.

John responds well to the firm limits of the management system. He is an eager worker when successful and beams with praise. Self-charting of unnecessary reliance on teacher assistance has reduced that behavior to a very manageable level.

At this time I feel that John can handle the regular 4th grade. Continued monitoring of behavior through a check system would be helpful.

AREA: IEP Development
SOURCE: Carl R. Smith, ED Consultant, DPI

DEVELOPING SOCIAL/EMOTIONAL GOALS AND OBJECTIVES IN IEP PLANNING *

Carl R. Smith
Consultant
Emotional Disabilities/Chronically Disruptive

I. Goals of Presentation

A. Participants will become more aware of philosophies regarding behavior, examples of classroom interventions dealing with behavior, and evaluation techniques for assessing behavioral change.

B. Participants will practice skills in writing IEP components dealing with pupil behavior.

II. Brief Review of Related Literature

A. Staffing teams seem to feel more comfortable dealing with "concrete" areas rather than such nebulous areas such as behavior.

Junkala (1977) "Teachers' Assessments and Team Decisions" Exceptional Children - Looked at relationship between information brought to staffing teams and eventual decisions and concluded:

"Pupil evaluation specialists frequently make statements such as "we don't just look at the IQ; we look at the whole child." In this study, the only pupil variables that related significantly with any magnitude to the CET placement decisions were the pupils' WISC IQ's." 32

B. Role of special education consultant is important in programming.

Gilliam (1979) "Contributions and Status Rankings of Educational Planning Committee Participants" Exceptional Children - Study surveyed 130 participants at 27 educational planning committee meetings to determine the status ranking of the committee roles and the amount of contribution each role demonstrated. Found special education consultants perceived importance (premeeting) was 5th and actual importance (postmeeting) was 2nd.

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* Presentation made at Grant Wood Area Education Agency, Cedar Rapids, Iowa, on September 11, 1979.

C. IEP's at this time primarily deal with academics.

Anderson, Barner & Larson (1978) - "Evaluation of Written Individualized Education Programs" Exceptional Children - reviewed over 400 IEP's, 75% of objectives were academic. Only 10% were listed in areas relating to social, emotional and behavioral needs.

D. Can we expect to tally separate affect and cognition.

Piaget (1972) "The Relation of Affectivity to Intelligence in the Mental Development of the Child" states:

> "Just as there is no purely cognitive state, there is no purely affective state, no matter how elementary it may be. A state of emotion, for example - an emotion is one of the most elementary forms of affect - supposes a discrimination, and therefore, a cognitive element." (p. 169)

III. What are philosophies related to behavior.

Behavioral - A theory that is concerned with outward, observable behavior.

Psychodynamic - The study of the human person recognizing the role of the unconscious.

Environmental (Ecological) - A theory that emphasizes the interaction between an individual and the environment.

Counter - Theoretical - Those theories that seem to change established procedures; they do not necessarily have common bonds among themselves.

IV. Examples of classroom interventions directed at pupil change

Behavioral

A. Token economies
B. Time-out (behavioral)
C. Contingency contracting
D. Individual, group reinforcement
E. Modeling techniques
F. Skill development

Psychodynamic

A. Life space interviews
B. Counseling techniques
C. Play therapy
D. Crisis intervention
E. Friendship club concept

Environmental (Ecological)

A. Modify classroom environment
B. Liaison teacher
C. Training students to modify environment
D. Engineered classroom
E. Therapeutic milieu

Counter-Theoretical

A. Alternative classrooms, schools
B. Affective education
C. Assertiveness training
D. Civil disobedience

"Although I feel that you must construct a philosophical base from which to proceed in programming for these pupils."

"The IEP does not dictate a particular management system, curricular, methodology or evaluation paradigm . . . In the field of behavioral disorders there are various management systems, curriculums and methodological considerations from which to choose."

Iowa Perspective
April 1978

V. What are some examples of evaluation of behavioral change

A. Informal Observation - teacher anecdotal comments, notes, etc.
Example - ". . . as noted by classroom teacher."

B. System Records - records of events typically kept by a school building, etc.
Example - absenteeism, trips to principal's office.

C. Objective Observation - systematic manner of noting the occurrence of a particular behavior.
Example - decrease/increase of behavior by 50%, 60%, etc.

D. Child Report Data - such measures as self-concept inventories.
Example - child will note 20% fewer negative comments concerning self.

E. Traditional Personality Measures - decrease in maladjustment as judged by professional.
Example - decrease in pathological syndrome. May take on more objective nature through such things as MMPI.

F. Social Acceptance Measures - indicate acceptance of pupil by peers.
Example - sociogram change.

G. Teachers/Administrative Ratings - indicate perception of child's behavior by significant other.
Example - decrease by %, severity of noted behavior.

H. Parent Perceptions of Behavioral Change - indicate perceived behavioral change from parents view.
Example - decrease/increase of behaviors seen in home setting.

VI. Use of Videotapes

A. View videotape and note: (large group)

1. Target behavior for change
2. How do you determine "Present level of functioning"
3. Annual goal
4. Objectives
5. Evaluation

B. Repeat activity in smaller groups

VII. Summary

- How far can we go in behavior?

- When do you back off?

- Although presentation was from E.D. area it is also relevant for LD (social perception), MD (Goldstein), etc.

- Balow institutional study

- Iowa reintegration study

AREA: Sample letter notifying parents of 3-year reevaluation requirement.

Date ______________________________

Dear Parents:

We are required to reevaluate students in special education programs every three years. This process is to assist in reviewing the educational needs of students as well as the most suitable type of educational program to meet those needs.

We will be reevaluating your child, ____________________________________, this school year. This will include psychological and academic testing. After testing is completed, a meeting will be scheduled with you to share the results and discuss your child's progress.

If you have any questions, please feel free to contact your child's teacher at school.

Principal ____________________________________ Telephone number _____________

Teacher ______________________________________

AREA: Outline of Discussion Topics for Annual Review

ANNUAL REVIEWS

Format: I. Review of Initial (placement and/or IEP) Goals

II. Summary of Present Level of Behavior Functioning

- A. Summary of objective data (charts, points, etc.)
- B. Summary of anecdotal (subjective) information

III. Present Level of Academic Performance

IV. Recommendations

- A. Placement
- B. Specific service needs
- C. Goals for next year

Preparation: 1. evaluated IEP

2. analyzed and summarized objective behavioral data

3. current academic data

AREA: Writing appropriate objectives for student IEPs
PROCEDURE: The following "formula" provides a guideline for the writing of objectives.

Formula For Writing An Objective

1) Conditions defined - materials/setting

   a) "Given a list of words consisting of specific phonic elements . . . "

   b) "When presented with the choice of working with a friend or working alone, . . ."

   c) "Given an assignment sheet . . ."

2) Who - always stated in terms of what the student will do

   "Greg . . ."
   "Nancy . . ."
   "The student . . ."

3) Action - stated in the form of a measurable or observable behavior, what the student will do

   a) "Will read the words . . ."

   b) "Will choose to work with a friend . . ."

   c) "Will write his assignments for each class . . ."

4) Successful performance criteria - how you will know the objective is met

   a) "With 90% accuracy . . ."

   b) "On four of five occasions . . ."

   c) "Daily without reminders . . ."

KEYSTONE AREA EDUCATION AGENCY

AREA EDUCATION AGENCY 1

Record of Consultation Regarding Pupils with Emotional Disabilities

Name of Student: ______________________ Birthdate: ______________

District: __________________________ School: ______________

Present Placement: ______________________________________

Recommended Placement: ______________________________________

Presenting Problems: ______________________________________

Describe the (licensed psychologist, psychiatrist) conclusions regarding this pupil:

Additional recommendations by the (licensed psychologist, psychiatrist) pertinent to the pupil's educational program and/or servicing:

AEA and LEA Staff Members Participating in the Consultation:

Name	Position	Name	Position

Date of Consultation: ______________
Licensed Psychologist or
Psychiatrist Name: ______________
Title: ______________
License No.: ______________

Form Completed by: ______________

AREA: Writing Objectives for IEP
SOURCE: Provided by Patricia Wells, ED Consultant
Procedure: The objectives listed below are in sequence with Level III being the lowest skills and Level I the highest. These skills are further divided into the areas of: Behavior, Communication, Socialization, Academics, and Counseling. The objectives may give the teacher a starting point of reference in establishing an IEP. Affective Objectives from Clinton School in Minneapolis.

BEHAVIOR

Level III

1. To physically or verbally respond to environmental events - object person or sound (appropriate behavior not necessary).
2. To respond independently to play materials (verbal cues may be used: age appropriate play is not necessary).
3. To appear alert and able to focus on activities (not excessively tired, under the influence of drugs, or excessively hyper).
4. To attend school 75% of the school days.
5. To remember routine daily schedule.
6. To use play materials appropriately (the intended real function of the materials).
7. To wait turn without physical intervention by the teacher (verbal cues may be used).
8. To attend non-academic activities without physical intervention (mini courses, gym, movies, field trips, lunch etc.).
9. To bring no weapons or potential weapons to school 100% of the time.
10. To use classroom equipment and property appropriately when provided by the teacher (books, staplers, cassettes etc.).
11. To use equipment sound levels appropriate to place (stereo, tapes, etc.).
12. To use verbal sound levels appropriate to place (shouting is appropriate in gym but not in the classroom).
13. To bring to school no materials which cause disruption to routine classroom operation (includes pets, drugs, distracting objects).
14. To use non-classroom facilities appropriately (adheres to bathroom and lunchroom rules).
15. To accept positive physical contact from adults and peers.

16. To refrain from inappropriate physical contact with adults (includes clinging, sexually suggestive and provoking behavior - not assault).

17. To respond when angry without physical expression (hitting, kicking, spitting, pushing; verbal abuse is not included).

18. To comply with bus riding rules (receive reports of positive behavior from bus personnel, or no negative reports).

19. To participate in non-academic activities 50% of the time (mini courses, art, gym, etc.).

20. To refrain from stealing.

21. To attend classes on time and remain for their duration (includes tardiness to school and leaving classes).

22. To accept cue from adult for counseling and/or self removal from situation when angry.

23. To remain at school for its duration daily.

24. To respond appropriately to people and situations outside of the school (field trips, trips alone with adults, probation officers, or community agency representative).

25. To respond when angry without verbal threats or abuse.

26. To respond to deliberate peer provocation with verbal and body control.

27. To walk to and from Time Out without physically being moved.

Level II

28. To spontaneously participate in routines without physical intervention (verbal cues may be used but student displays some personal initiative to comply).

29. To use Level II equipment and property appropriately when provided by teacher.

30. To spontaneously participate in non-academic activities previously avoided (without teacher cues).

31. To refrain from inappropriate behavior or breaking group rules when others in the group are losing control (given verbal support by teacher).

32. To maintain self-control and comply with established procedures in group situations (given classroom structure and verbal support by teacher: demonstrates ability to routinely work in a group).

33. To respond when angry by initiating self-removal from the situation and/or seeking counseling in an appropriate manner.

34. To respond appropriately to choices for leadership in the group (either being selected or not being selected).

35. To participate in self-selected activities or projects taking several days or longer to complete (plays, sports teams, art or shop projects, student council, etc.).

36. To complete individual and/or group tasks assigned by teacher (includes putting away materials being used and cleaning up).

37. To self-select appropriate activities when assigned tasks are completed.

38. Given a job, to fulfill responsibilities as expected under direct adult supervision.

39. To move through building appropriately with passes.

Level I

40. To spontaneously respond with verbal control (with no cues from adults: includes swearing, appropriate use of Mrs., Mr., Miss, or Ms., name calling etc.)

41. To fulfill school job responsibilities as expected (with minimal adult supervision).

42. To demonstrate ability to delay gratification (to work on contract for rewards which may take several days or weeks to obtain).

43. To utilize personal resources for problem solving (task or social: relies on adult assistance only when necessary).

44. To respond appropriately to expectations for return to mainstream (begins part-time classes - attends regularly and on time and demonstrates ability to cope with the adjustment).

45. To accept and utilize support from mainstream resources (demonstrates ability to function successfully independent of support form the program outreach staff).

Communication

Level III

1. To answer a student's or adult's request with recognizable, meaningful words.

2. To label simple feelings in pictures, dramatic play, act or music.

3. To exchange minimal information with an adult.

4. To respond appropriately to greetings from adults and peers (not respond with negative verbalization).

5. To spontaneously exchange information with another student.

6. Initiate positive greetings towards peers and adults.

7. To recognize and verbally acknowledge feelings in self (sad, happy, angry, afraid).

8. To ask for materials in an appropriate manner (not demand).

9. To verbally recall group rules.

10. To wait until a speaker is finished before responding.

11. To participate minimally in discussions (attend, listen and respond to direct requests for a response).

12. To stay on the subject during a discussion.

13. To accept feedback from adults about behavior or performance.

14. To demonstrate listening by maintaining eye contact when adult is speaking.

15. To accurately recall events when they are over.

16. To use sentences to command or request of a student or adult in ways acceptable to classroom procedure (raising hand, getting permission. taking turns, using words to obtain a response).

Level II

17. To spontaneously describe own ideas about activities, work or self to adult or student.

18. To be able to verbally recall accurately incidents leading to crisis (discuss after the student has calmed down).

19. To tell others, more appropriate ways to behave in a given situation; individual focus (may not be able to implement the alternatives him/herself).

20. To attend when another student is speaking.

21. To give simple reasons for group rules.

22. To contribute to making group rules.

23. To verbalize consequences of group rules are broken.

24. To spontaneously participate in group discussions.

25. to verbally recognize feelings in others either spontaneously or in response to questions.

26. To express own feelings spontaneously and appropriately in discussion with adults or peers.

27. To verbalize needs rather than act out when dealing with a problem.

28. To verbally direct feelings of anger at appropriate source (at person, situation, object or self stimulus of anger).

29. To relate real life experiences through stories, art, drama or music with accompanying verbal expression.

Level I

30. To verbally express cause and effect relationship between feelings and behavior within a group, between individuals and personally.

31. To initiate and maintain positive relationships: Peer and adult.

32. To verbally redirect peers onto task when appropriate.

33. To verbalize positive feelings and expectations about self.

34. To praise or personally support others.

35. To verbalize acceptance of individual differences.

36. To verbally demonstrate understanding of limits and expectations of mainstream schools.

37. To verbalize desire and plans for returning to the mainstream.

38. To describe personal strengths which will enable a successful return to the mainstream.

Socialization

Level III

1. To be *aware* of and *attend* to behavior.

2. To respond to adult when student's name is called (appropriate or inappropriate response is accepted).

3. To engage in organized solitary play (with direction from teacher if necessary).

4. To participate in a verbally directed sharing activity (ex: can pass materials to another student in class).

5. To respond appropriately to adult verbal and non-verbal request to come to the adult in non-crisis situations.

6. To respond appropriately to minimal interactions *initiated by another student*.

7. To *initiate* appropriate minimal interactions with another student within the classroom routine.

8. To accept help from an adult on *routine tasks*.

9. To *seek* help from adult on routine tasks.

10. To engage spontaneously in paralled activities with another student (not necessary to interact).

11. To seek appropriate attention from an adult.

12. To respond appropriately to verbal direction or command *given directly to the student* in *routine* or *crisis* situation.

13. To recognize and display regard for the possessions of others (stays out of anothers desk, asks permission to use another's possessions).

14. To accept praise from adults or peers.

15. To minimally participate in adult structured small group non-academic activities (includes feedback and other similar group situations).

16. To respond to adult intervention during a *group* problem/crisis with appropriate body control.

17. To *allow* interpersonal interactions between others without attempting to control them (accept others into the group, not demanding excessive peer loyalty).

18. To refrain from initiating conflicts between others.

Level II

19. To participate in cooperative activities or projects (adult structured).

20. To take turns without verbal reminders from teacher.

21. To share materials, and equipment (minimal verbal reminders from teacher).

22. To suggest activities or preference for recreational materials to the teacher for group activities.

23. To form positive relationship with more than one adult.

24. To accept adult help in crisis.

25. To participate without inappropriate response to activity suggested by another student.

26. To indicate developing friendships by preference for a particular student group.

27. To recognize and describe characteristics of others.

28. To accept and adhere to game rules.

29. To accept constructive criticism from adults.

30. To accept new participants into an on-going activity.

31. To suggest appropriate group activity directly to peer group (without teacher participation).

32. To respond appropriately to positive peer pressure.

33. To seek adult help in personal and/or group crisis.

34. To participate in group planning and constructive problem solving (with adult structure).

Level I

35. To verbally indicate preferences among members of the group by differentiating personal characteristics.

36. To physically or verbally assist another study in difficult situation; to come to support of another.

37. To express and display desire to return to home school.

38. To participate in group planning and constructive problem solving (with or without minimal adult participation).

Academics

Level III

1. To attempt academic tasks assigned.

2. To accept adult help on academic tasks.

3. To indicate short term memory for directions by proceeding without reminders.

4. To indicate short term memory for content by listening to story or presentation and respond with appropriate answers to questions.

5. To write full name, address, date and phone number from memory.

6. To seek adult assistance appropriately on academic tasks.

7. To agree to complete academic testing.

8. To refrain from inappropriate behavior when asked by an adult to correct errors on academic tasks.

9. To minimally participate in weekly group science (must be at appropriate location - desk or table - and attempt some appropriate responses; need not complete task).

10. To minimally participate in weekly group cooking.

11. To minimally participate in weekly group speech/drama.

12. To minimally participate in weekly group art.

13. To minimally participate in weekly group social studies.

14. To complete handwriting exercises as prescribed.

15. To complete a weekly spelling assignment.

16. To participate in physical education class (need not be a group participation).

17. To progress from one level to the next in an individually prescribed math program (series and level ______________________).

18. To progress from one level to the next in an individually prescribed reading program (series and level ____________________).

19. To write a complete sentence correctly.

20. To work independently for periods of 20 minutes.

21. To participate in role playing activities as an active role player when offered a part of an academic program.

22. To accept help from an adult on group academic tasks.

23. To participate in team gym activities 50% of the time.

24. To actively participate in weekly group science classes (must complete assigned tasks).

25. To actively participate in weekly group speech/drama.

26. To actively participate in weekly group art.

27. To actively participate in weekly group cooking.

28. To actively participate in weekly group social studies.

29. To visit at least one vocational program.

30. To spell a weekly prescribed list of words at 80% accuracy.

31. To write a three sentence paragraph.

32. To write one written book report on a book read.

33. To progress from one level to the next on an individually prescribed math program (series and level ____________________).

34. To progress from one level to the next on an individually prescribed reading program (series and level ____________________).

35. To work independently on tasks for periods of 30-40 minutes.

36. To self-chart or log reading and/or math progress.

37. To participate in an occupation unit (whole class: written and oral tasks).

38. To complete a "job file" (includes searching want ads, application forms, and social security forms).

39. To role play a job interview.

Level I

40. To participate in role playing academic activities which simulate mainstream classrooms.

41. To participate in ALL physical education team activities.

42. To actively participate in special group classes (cooking, speech/drama, art, social studies, science).

43. To complete a study project on at least one preferred vocational field (includes writing a job description and responsibilities, skills needed, identifying real business organizations in that field and visiting at least one of them, and determining probable salary and advancement opportunities).

44. To spell a weekly prescribed list of words at 90% accuracy.

45. To write at least a four sentence paragraph containing a topic sentence and concluding sentence.

46. To complete three written book reports on books read.

47. To progress from one level to the next in an individually prescribed math program (series and level ____________________________).

48. To progress from one level to the next in an individually prescribed reading program (series and level ____________________________).

49. To complete all assigned tasks.

50. To seek and work independently on academic tasks when assigned tasks are completed.

51. To work independently for periods of 50-60 minutes.

52. To participate in mainstream classes.

Counseling

Level III

1. To attend scheduled sessions.
2. To attend scheduled session on time.
3. To participate verbally in sessions.
4. To attend when adult is speaking.
5. To express negative feelings to adult.
6. To accept positive feedback from adult about behavior.
7. To verbalize feelings about self to adult.
8. To accept adult feedback about the students feelings.
9. To maintain eye contact when responding or verbalizing.
10. To initiate verbal interaction toward adult.
11. To verbalize fact of consequences of own behavior.
12. To remain in appropriate phase in session.
13. To accept direction from adult.
14. To verbally recognize that he/she has friends.
15. To react to situations with appropriate emotional response - pleasure, anger, fear, sadness.
16. To demonstrate ability to receive choices and select.
17. To verbalize understanding of logical consequences of behavior.
18. To accurately recall events when they are over.
19. To verbally initiate positive interactions with adult.
20. To participate in short term plan for self.
21. To handle daily contracts appropriately.
22. To attend scheduled sessions without objecting.
23. To take turns at speaking.
24. To stay on counseling task for the whole session.

Level II

25. To accept positive feedback from peers.

26. To attend when peer is speaking.

27. To verbally describe situations which make him/her angry.

28. To participate in a long term plan for self (at least one week - includes contracting).

29. To express feelings about self to peer.

30. To verbalize desire to return to home school.

31. To verbalize alternatives to current coping mechanisms.

32. To express felt emotions appropriately.

33. To seek counseling when upset to avoid conflict.

34. To demonstrate ability to handle not getting his/her own way.

35. To participate in compromise.

36. To participate in short term plan for group - up to two weeks.

37. To accept designated leadership role in group (self or other).

38. To provide peers with appropriate feedback.

Level I

39. To use verbal/physical behavior to express pride.

40. To participate in long term planning for group (two to five weeks).

41. To contribute to group rule making and regulations.

42. To initiate goal setting for self.

43. To initiate compromise.

44. To verbalize understanding of home school characteristics.

45. To verbally support and praise others for appropriate behavior.

46. To verbally indicate preferences among group members by differentiating personal characteristics.

47. To initiate and maintain interpersonal and group relationships.

Guidelines for Assessing IEP Goals and Objectives

BARBARA TYMITZ-WOLF

Among the most specific mandates contained within Public Law 94–142 are those that refer to the required statements of annual goals and short-term objectives for the individualized education program (IEP). Adequacy in formulating goals and objectives is critical to the ultimate effectiveness of the IEP, as noted by Larsen and Poplin (1980): "Perhaps more than any other statement within the I.E.P. document, establishing annual goals and general objectives determines the success of a handicapped child's education" (p. 223). They added that "the objectives are by far the most useful component of the child's I.E.P. for instructional personnel" (p. 276).

WRITING IEP OBJECTIVES

The task of writing objectives is most often delegated to special education teachers (Goldstein, Strickland, Turnbull, & Curry, 1980; Turnbull, Strickland, & Goldstein, 1978). They, in turn, approach the task with varying degrees of confidence and, for that matter, satisfaction.

Special education teachers have come to use various strategies to complete the IEP's. Some turn to computerized lists of instructional objectives that school districts have compiled for IEP purposes. Others may refer to instructional objectives banks that are commercially produced. Many teachers prefer to compose their own goals and objectives, often relying on curriculum guides or scope-and-sequence charts. Still others derive objectives from an intuitive sense of "what should come next."

Regardless of the strategy used, teachers comment on the ambiguity they confront when attempting to specify objectives. This can be traced to several sources:

1. Assessment data which is incomplete. In this instance, a review of available data indicates a need for further tests and subtests which were not performed.
2. Assessment data which the teacher is unable to interpret for instructional purposes. In this instance, the terminology and test sophistication of the evaluator go beyond the teacher's expertise. Clarification of the data between teacher and evaluator may be complicated by time constraints, attitudinal factors, and mutual training inadequacies that make it difficult for the teacher to quickly grasp the nuances of assessment, as well as an inability of the evaluator to translate assessment information to provide direction for instructional planning.
3. Prevalence of confusing or empty jargon in assessment data. Professionals differ among themselves and between disciplines in the ways they define and use terms. An assessment profile may communicate significantly different information depending on individual interpretation. Variation in terminology affects both the development and implementation stages of the IEP process.
4. Concern about formulating the kind of goal and objective statements that will be useful in the classroom setting. Teachers express frustration about IEP's that have been developed in a *procedurally* satisfactory manner, but which offer little guidance for instructional planning (Tymitz, 1980b).

Substantive weaknesses in the IEP are due in part to the fact that teachers have been required to prepare and implement the documents before they have received training on how to do so (Deno & Mirkin, 1980). Although there are numerous lists of prepared objectives available, there is significantly less information that helps the teacher learn the skills necessary to compose and assess *interrelated* goals and objectives.

This work was developed under Grant No. G007905001/446AH90330 with the U.S. Office of Education, Department of Health, Education and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of that agency, and no official endorsement should be inferred.

As school personnel work to solve the problems arising from inadequacies in assessment procedures and reports, teachers who are responsible for writing statements of goals and objectives must simultaneously refine their skills. In a study of teacher performance in writing IEP goals and objectives, the most problematic area was teacher skill in generating statements that were logically and sequentially related (Tymitz, 1980a). Teachers stated that they were unaware of strategies to evaluate the adequacy of their written statements. Recognition of common pitfalls in formulating statements, as well as systematic evaluation of completed statements, can substantially contribute to their instructional usefulness.

RECOGNIZING PITFALLS

Short-term objectives (STO's) are subordinate to goals and should therefore reflect a hierarchical relationship to the goal. For example, a goal to improve skills in phonetic analysis should be accompanied by an objective that delineates a subskill of phonetic analysis such as pronouncing blends. Similarly, a goal to improve cursive writing skills might be accompanied by an objective emphasizing a subskill of forming lower-case curved letters. Written objectives that are not subordinate may reflect one or all of the following inadequacies:

Pitfall #1 **The objective may be a restatement of the goal.**

Example: *Goal:* Increase ability to complete story problems at grade level.

STO: Given a variety of grade-level story problems, child will complete 7 out of 10 with no errors.

Even though goals and objectives may be worded differently, they may nevertheless convey essentially the same content. This objective does not delineate a subskill of solving story problems such as identifying the mathematical operations or estimating sums. It suggests remediation by means of giving the child a task that he cannot do and merely lowering the standard of performance.

Writers of objectives frequently substitute principles of successive approximation (i.e., gradually increasing extent of skill) for those of task analysis (identifying subcomponents of a skill). Even with learners who are not highly motivated, subskill mastery can lead to goal achievement more readily than manipulating the standard of performance.

Consider this example. To achieve the goal of increasing roller skating ability, it would be sorely inappropriate to begin teaching the skill with the following short-term objective: "Given the necessary equipment and setting, child will skate half way down the incline without falling." Rather, it would be more appropriate to begin by teaching subskills such as balance, left-right rolling motion, and stopping strategies. *Beware of statements that attempt to teach a skill by requiring the child to perform that same skill in a limited fashion.*

Pitfall #2: **The objective may be an incomplete statement.**

Example: *Goal:* Increase ability to attend to oral directions.

STO: Given simple directions, student will repeat them and complete his assignments.

The three elements of a properly stated objective include the condition, performance, and standard (Mager, 1962). This condition is incomplete because it is unclear what is meant by "simple" directions. What characteristics of the directions will make them simple? What subskill is being emphasized? In this example, the standard has been omitted. There is no indication of how well or to what degree the behavior must be demonstrated.

It is equally important to note that the condition and performance statements are incorrect. The *condition statement* should specifically name the conceptual and/or physical material to be used. Conceptual materials describe a subskill of the goal (i.e., "Given a model to follow . . . ," "Given vocabulary progressing from grades 1 to 3 . . . "). Physical materials are named when a particular skill must be demonstrated with specific equipment (i.e., "Given lined paper . . . ," "Given a dictionary . . . ," "Given a metric ruler . . . ").

The *performance statement* describes what the student must *do*, based on the condition. In the example given in Pitfall #2, the performance statement includes more than one behavior. Thus, even if the standard were present, the behavior to which the standard should be applied would be unclear. Furthermore, the requirement that the student complete assignments goes beyond the focus of the goal. The student may acquire the ability to repeat directions, but may remain unable to complete a task because of cognitive deficits. Consequently, the assessment of the ability to repeat directions may be incorrect. A more appropriate short-term objective for the same goal might be: "Given directions which include two separate cues, student will verbally repeat both cues correctly."

Pitfall #3: **The objective may actually be a description of an activity.**

Example: *Goal:* Increase expressive language acquisition.

STO: Given a worksheet with pictures of toys and food, child will name all toy pictures with 100% accuracy.

Although this statement incorporates the condition, performance, and standard, it does not represent an appropriate short-term objective for IEP purposes. *Beware of statements that read like STO's but are actually descriptions of single instructional activities.* Typically, such statements create unusually lengthy IEP's. A more appropriate short-term objective for the same goal would be: "Given pictured stimuli of categories of common nouns, child will correctly identify by naming pictures spontaneously."

FIGURE 1

Checklist for Evaluation of Goals and Objectives

1. Does the goal statement refer to target areas of deficit?	**OR**	Have I written a goal which is unrelated to remediation needs described in present level of performance and assessment information?
2. Given the assessment data, is it probable that this goal could be achieved in a year (i.e., annual period for the IEP)?	**OR**	Is the goal so broad that it may take two or more years to accomplish?
3. Does the goal contain observable terms with an identified target area for remediation?	**OR**	Have I used words which fail to accurately describe the problem area or direction I am taking?
4. Have goals been written for each area of deficit?	**OR**	Do I have dangling data (data which indicates a need for remediation but has been overlooked)?
5. Is the scope of the objective appropriate?	**OR**	Have I written any objectives that encompass the entire year, thus making them annual goals?
6. Do the objectives describe a subskill of the goal?	**OR**	Have I failed to determine the hierarchy needed to teach the skill? • Did I simply rephrase the goal statement? • Did I describe a terminal skill, but only less of it?
7. Are the objectives presented in a sequential order?	**OR**	Have I listed the objectives in random order, unrelated to the way the skill would logically be taught?
8. Do the objectives show a progression through the skill to meet the goal?	**OR**	Do the objectives emphasize only one phase of a particular skill?
9. Does the objective contain an appropriately stated condition?	**OR**	Have I failed to describe the exact circumstances under which the behavior is to occur? • Have I described irrelevant or extaneous materials? • Does the condition refer to an isolated classroom activity?
10. Does the objective contain an appropriately stated performance using observable terms?	**OR**	Is the mode of performance (e.g., oral) different from the desired goal (e.g., written)?
11. Does the objective contain an appropriately stated standard?	**OR**	Is the standard unrelated to the assessment information and level of performance? • Am I using the performance statement as a standard? • Am I using percentages when the behavior requires alternative ways to measure? • Have I chosen arbitrary percentages?

This STO permits a number of instructional activities to be generated. Their exact nature can be geared to the child's level of progress, interests, and available materials. Thus, the child could be given a range of vocabulary words to practice within a variety of formats, such as worksheets, flashcards, picture books, or film.

Such a written statement meets the implicit purpose of objectives for the IEP. It addresses the reality that handicapped children often require repeated presentations of information employing alternative approaches. Which approach will be successful may not be known at the time the IEP is being developed. Objectives should be assessed for degree of latitude in delivering instruction to meet them.

EVALUATING WRITTEN OBJECTIVES

Research on the substantive adequacy of IEP's remains limited (Anderson, Barner, & Larson, 1978; Deno & Mirkin, 1980). Whether classroom instruction is (or can be) enhanced by the IEP is a corresponding concern. At one level it is clear that an IEP containing poorly written goals and objectives has little potential for guiding appropriate instruction. It is also true that recognizing the inadequacy of goals and objectives can be demanding, since some distinctions may be quite subtle. Figure 1 provides guidelines for that task in the form of a checklist.

REACHING THE ULTIMATE GOAL

Increasingly, as we identify and apply more efficient, effective strategies to improve the instructional utility of the individualized education program, goals and objectives will begin to address the mandate implied in providing appropriate education for handicapped children. Once these goals and objectives are properly defined and formulated, the real work of the teacher in delivering instruction begins. While the guidelines addressed in this discussion are not a panacea for all aspects of IEP instructional delivery, they can substantially facilitate critical first steps in individualizing instruction for special needs children.

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BEHAVIORAL CHECKLIST KEYED TO BEHAVIORAL OBJECTIVES

BEHAVIORS	OBJECTIVES
ABILITY TO WORK INDEPENDENTLY - consistently able to:	
_____begin tasks without being told to	38, 77, 103
_____utilizes his ability to solve own problems	37, 39, 89, 109
_____demonstrates curiosity - seeks, explores, discovers	59, 82, 108
_____be internally motivated; does not need frequent extrinsic reinforcement	6, 16, 20, 51, 103
_____work without distracting others - noise level and movement	79, 97
_____work up to 30 minutes or more on one task	38
_____change task when appropriate e.g. "reading class is over; time for math"	77, 90
_____organize study tasks	38, 103
_____continue to work during normal distractions e.g. teacher talking to other students	34, 96
ABILITY TO WORK IN A GROUP (2 or more students) - consistently able to:	
_____put group goal above his own-attend to the group's task	24, 49, 65
_____accept group decisions - does not insist on having own way	97, 101
_____cooperate	26, 83
_____demonistrate patience	37, 71, 86
_____take turns	12, 78
_____share	3, 13
_____listen to opinions and ideas of others	31, 47, 53
_____give opinions and ideas	2, 21, 48, 69
_____actively participate in the activity	11, 16, 18, 93
_____show good sportsmanship; can accept loosing at games	44, 97
_____compromise	45, 52
_____help others and accepts help from others	4, 15, 25, 31
ABILITY TO FOLLOW RULES AND INSTRUCTIONS - consistently:	
_____obeys stated rules	18, 60, 66, 67
_____follows instructions at proper time and in appropriate way	7, 38, 77, 78, 97, 102
_____gets permission or checks with teacher if rules are not clear	4
_____quiet while directions are being given	27, 30, 41

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Behavioral Checklist Keyed to Behavioral Objectives

BEHAVIORS	OBJECTIVES
RESPONSIBILITY - consistently:	
_____handles property of others carefully	5
_____handles his own property carefully	110
_____completes classroom duties (if assigned) without being reminded	38, 102, 107
_____attends class on time	85
_____remembers obligations and keeps them with peer and adults	47, 84, 102, 106, 107
_____can be trusted	5, 51, 80, 94, 106
_____honest - reports event accurately	63, 69, 71, 92, 105
_____cleans-up after himself	94, 107
_____is neat and clean in appearance	111
ABILITY TO SOLVE INTER-PERSONAL PROBLEMS (Between Self and Others) - consistently:	
_____able to face or discuss problems calmly	8, 19, 26, 32, 70, 92
_____able to compromise	16, 44, 52
_____able to accept and utilize alternatives	19, 36, 104
_____able to walk away from conflict or antagonism	98
_____able to solve problems successfully without adult intervention	47, 63, 88, 93
_____does not carry a grudge	19
_____react with appropriate emotions	35, 55
_____controls self physically and/or verbally	10, 81, 87, 89, 90, 95, 96, 99
_____knows where to seek adult help if necessary and gets it	15, 23, 63
_____accepts responsibility for his won actions (doesn't deny or lie)	37, 74, 113
_____recovers from anger quickly (in less than 10 minutes)	42
_____does not get angry quickly	42, 71
FRIENDLINESS - consistently:	
_____talks humanely to others	56, 58
_____does things willingly for others	25
_____looks for and points out positive attributes of others	53, 75
_____greets and responds to greetings	57, 61
_____initiates interactions with others and responds to others	4, 6, 29, 113
_____looks happy - smiles if he can	112
_____accepting of others	29, 68, 76

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BEHAVIORS	OBJECTIVES
Friendliness Continued:	
_____values friends and makes friendships	17, 29, 72
_____can accept compliments	31, 40
CONSTRUCTIVE LEADERSHIP - consistently:	
_____coordinates or helps coordinate group	24, 65, 100
_____takes initiative; does not wait for someone else to start	29, 103
_____proposes tasks or goals	21, 49, 51
_____gives and seeks information or opinions	23, 43
_____considers alternatives	36, 67, 108
_____clarifies problems	91, 92, 109
_____seeks consensus (if it is appropriate)	26, 50
_____encourages others e.g. is supportive	25, 48, 53, 75
_____is ware of feeling of others in the group	68
_____listens well - can repeat other's statements	41, 60
_____can make and follow through on decisions	38, 46
_____able to resist peer pressure to misbehave	96
_____seeks fairness or justice in group decision making	50, 52
_____able to follow leadership of other peers	47, 97, 101
_____keeps group on task	73
TASK COMPLETION - consistently:	
_____attends to task until complete	39, 62
_____performs at or above expectations - neatly, correctly, etc.	107
_____finishes tasks on time	102

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MASTER LIST OF OBJECTIVES

1. To respond to adult when student's name is called (appropriate or inappropriat response is acceptable).
2. To participate in a berbally directed sharing activity.
3. To participate spontaneously in specific paralled activities with another student using the same materials.
4. To accept help from adult or peer on routine tasks.
5. To recognize and display regard for the possessions of others.
6. To show pleasure in own work by appropriately showing to others.
7. To participate in adult structured small group activities.
8. To respond to adult intervention during group problem/crisis with appropriate body control.
9. To allow interpersonal interactions between others without attempting to control them.
10. To refrain from initiating conflicts between others.
11. To participate in cooperative activities or projects with another student during organized class activities.
12. To take turns without verbal reminders from teacher.
13. To share materials, activities.
14. To form positive relationship with more than one adult.
15. To accept adult help in crisis.
16. To participate without inappropriate response to activity suggested by another student.
17. To indicate developing friendships by preference for a particular student or group.
18. To accept and adhere to game rules.
19. To accept constructive criticism from others.
20. To display ability to delay reward gratification.
21. To suggest appropriate group activity directly to peer group (without teacher participation).
22. To respond appropriately to positive peer pressures.
23. To seek adult help in personal and/or group crisis.
24. To participate in group planning and constructive problem solving (with adult structure).
25. To physically or verbally assist another student in difficult situation; to come to support of another.
26. To participate in group planning and constructive problem solving.
27. To spontaneously respond apprpriately to negative peer pressure.
28. To spontaneously respond appropriately to negative peer leadership.
29. To initiate and maintain effective interpersonal and group relationships.
30. To attend when adult is speaking.
31. To accept feedback from adult about behavior.
32. To verbalize feelings about self to adult.
33. To initiate verbal interaction toward adult.
34. To remain attentive in class.
35. To react to situations with appropriate emotional response - pleasure, anger, fear, sadness.
36. To demonstrate ability to receive choices and select.
37. To verbalize tact and understanding of logical consequences of behavior.
38. To handle daily contracts appropriately.
39. To stay on task for the whole session.
40. To accept positive feedback from peers.

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Master List of Objectives

41. To attend when peer is speaking.

42. To verbally describe situations which make him/her angry.

43. To seek counseling when upset to avoid conflict.

44. To demonistrate ability to handle not getting his/her own way.

45. To participate in compromise.

46. To participate in short term plan for group - up to two weeks.

47. To accept designated leadership role in group.

48. To provde peers with appropriate feedback.

49. To participate in long term planning for group.

50. To contribute to group rule making and regulations.

51. To initiate goal setting for self.

52. To initiate compromise.

53. To verbally support and praise others for appropriate behavior.

54. To verbally indicate preferences among group members by differentiating personal characteristics.

55. To initiate and maintain interpersonal and group relationships.

56. To answer a child's or adult's request with recognizable, meaningful words.

57. To respond appropriately to greetings from adults and peers.

58. To ask for materials in appropriate manner.

59. To spontaneously exchange information with another child.

60. To verbally recall group rules.

61. To initiate positive greetings towards peers and adults.

62. To stay on subject during feedback.

63. To recognize and berbally acknowledge feeling about self.

64. To use word sequences to command or request of child or adult in ways acceptable to classroom procedure.

65. To contribute to making group rules.

66. To give simple reasons for group rules.

67. To verbalize consequences if group rules are broken.

68. To verbally recognize feelings in others - said, happy, angry. and afraid.

69. To express own fellings spontaneouley and appropriately.

70. To verbalize need rather than act out problem.

71. To verbally direct feelings of anger at appropriate source.

72. To initiate and maintain positive relationships: peer and adult.

73. To verbally redirect peers onto task.

74. To verbalize responsibility for own decisions, both positive and negative.

75. To praise or personally support others.

76. To verbalize acceptance of individual differences.

77. To respond with recall to the routine (student moves to next planned activity without physical stimulus, verbal cues may be used).

78. To wait turn without physical intervention by teacher (verbal cue).

79. To use verbal and equipment sound level appropriate to place.

80. To use non-classroom facilities appropriately (adhere to bathroom rules and lunchroom rules).

81. To accept appropriate physical contact from adults and peers.

82. To display interest and understanding of self through development of hobbies.

83. To comply with published school rules.

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Master List of Objectives

84. To attend school 75% of school days.

85. To attend classes on time (does not roam the hall or leave the building).

86. To respond to anger without physical expression (verbal abuse is accepted).

87. To accept cue from teacher for counseling and or self removed when angry.

88. To respond appropriately to people and situations outside of the school.

89. To respond in anger without verbal or physical threats.

90. To spontaneously participate in routines without teacher intervention.

91. To tell other, more appropriate ways to behave in a given situation.

92. To be able to verbally recall accurately incidents leading to crisis.

93. To spontaneously participate in activities perviously avoided without teacher cues.

94. To use classroom equipment and property appropriately without teacher direction (will get use and return appropriately).

95. To respond to provocation with verbal and body control.

96. To refrain from inappropriate behavior or breaking group rules when others in the group are losing control.

97. To maintain self-control and comply with group procedures.

98. To respond in anger by initiating self-removal from situation and or seeking counseling in an appropriate manner.

99. To initiate appropriate physical contact with adults and peers.

100. To contribute to the establishment of group rules.

101. To respond appropriately to choices for leadership in the group.

102. To complete individual and/or group tasks assigned by teacher.

103. To self select appropriate activities when assigned tasks are completed.

104. To implement appropriate alternative behavior toward other (minimal inter-personal interaction needed).

105. To verbally express cause and effect relationship between feelings and behavior; between group members, and between individuals.

106. To move through building appropriately with passes.

107. To fulfill school job responsibilities as expected.

108. To respond to suggestions for a new, real life experience or change (without support from teacher).

109. To respond to a critical interpersonal experience with constructive suggestions for a change, as with constructive problem-solving behavior.

110. To recognize and display regard for own possessions.

111. To recognize and display regard for own personal appearance.

112. To try and to maintain a pleasant attitude toward task and peers.

113. To verbally initiate positive interaction with adults.

Credit for development of Acceptable Classroom
Behavior Inventory to:

Dr. Sheldon Braaten, Coordinator
Clinton Jr. High School
Minneapolis Public Schools
Minneapolis, Minnesota

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AREA: Programming for ED Students
SOURCE: Carl R. Smith, Consultant, Emotional Disabilities/Chronically Disruptive, Iowa Department of Public Instruction

CONCEPTS RELATED TO THE LIMITATIONS OF EDUCATIONAL PROGRAMMING FOR EMOTIONALLY DISABLED OR CHRONICALLY DISRUPTIVE PUPILS

Pupils who have been identified as emotionally disabled or chronically disruptive and are served in such programs are handicapped in obtaining an education because of their deviant behavioral patterns. Although these behavioral patterns may range from highly withdrawn behaviors to more acting out behaviors, perhaps the most common behavioral patterns exhibited by such pupils include defiant behaviors such as aggressive acts against authority. When considering this phenomenon, questions regarding discipline policies termination of special education programs and alternatives to public school programming must be examined.

Discipline in ED/CD Programs

Only the most naive professionals involved in the education of emotionally disabled or chronically disruptive would deny the importance of discipline with such youngsters. It has been frequently noted that such youngsters are in need of structure which includes the implementation of specific behavioral expectations within the classroom setting. If such standards are not enforced, the scene is set for a chaotic classroom which even the most competent teacher would be unable to control. In addition, a situation is created in which new behaviors which must be learned to enable the student to reintegrate to the regular classroom structure would be impossible to accomplish. In summary, it appears the disciplinary procedures, defined as specific behavioral expectations with clearly defined consequence for noncompliance, are an essential component of any educational program serving emotionally disabled or chronically disruptive students.

Students are identified as emotionally disabled or chronically disruptive because their behavior is perceived by others as being outside those behavioral limits normally accepted in our schools. One broad class of such behavior, aggressive behavior, is typically the primary focus of "disciplinary actions" within the school setting. Aggressive behavior includes verbally abusive language, physically aggressive behavior such as fighting, and other forms of behavior which are incongruent with school expectations.

Obviously, it would be unrealistic to expect pupils initially entering the special education setting to immediately change their behavior to meet all the behavioral standards applied to the general school population. After placement into the special education setting there may be a period of time during which certain behaviors are temporarily tolerated which were not acceptable in the regular classroom. As stated in Declatory Ruling #21 issued by the Iowa Department of Public Instruction on May 4, 1978:

> Generally speaking, special education pupils should be expected to follow the same rules and regulations for student conduct as any other student enrolled in the

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> district. Sometimes, however, the nature of the specific handicap would require alteration in rules to accommodate the handicapped child.

However, programming for a particular student includes attempting to reduce the discrepancy between expected and actual inappropriate school behaviors. Thus, we should be moving in the direction of assisting the student comply with general school rules and expectation.

The Individualized Educational Program (IEP) provides a roadmap for the plans initiated by professionals to deal with a particular pupil's educational handicap. Emotionally disabled and chronically disruptive students have been identified as in need of special education by virtue of actual and perceived deviant behavioral patterns. In planning such a pupil's IEP, the annual goals and short-term objectives should reflect the behavioral goals to be achieved through the program and the current status of a pupil in the behavioral area. Also included would be those particular disciplinary measures and behavioral expectations applicable to each pupil. In developing the IEP, present unacceptable behavioral patterns should be assessed in relation to moving toward behavioral patterns which are acceptable in the general school environment.

Unacceptable Behavior

Although programs designed for pupils identified as emotionally disabled are designed to deal with deviant behavior, there are limitations in the behaviors which one can expect to be dealt with adequately in such programs. An example of this would be physical aggression against a teacher. At one time there was a fairly prevalent notion that all such behaviors should be dealt with by the classroom teacher. At the elementary level this may be feasible through the use of such procedures as time-out and physical restraint.

However, in secondary programs serving the emotioionally disabled and chronically disruptive, alternative procedures for dealing with such aggression against a teacher need to be defined. This may, in some cases, include immediately contacting law enforcement authorities with appropriate charges pressed by the target teacher. This is but one example of the need for defining the extent to which the school will deal with a deviant behavior. Other examples include manifestly endangering the safety of fellow students and illegal behaviors such as possession of illegal drugs.

Termination of Special Education Programming

Although the primary mission in programming for emotionally disabled and chronically disruptive pupils is to see such pupils successfully progress within special education programs and meet general education requirements, there are times when this may not be possible. Among the questions which are asked in dealing with this issue are (1) can a special education student be formally excluded from school, and (2) if so, what are procedures which must be followed in doing so? Other questions dealing with the seeking of alternatives to school programs will be dealt with in the next section of this paper.

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Chapter 282.3 of the Code of Iowa reads as follows:

> 282.3 Admission and Exclusion of Pupils.
> 1. The board may exclude from school children under the age of six years when in its judgment such children are not sufficiently matured to be benefited by regular instruction, or any incorrigible child or any child who in its judgment is so abnormal that regular instruction would be of no substantial benefit to him, or any child whose presence in school may be injurious to the health or morals of other pupils or to the welfare of such school. However, the board shall provide special education programs and services under the provisions of chapters 273, 281, and 442 for all children requiring special education.

The Iowa Supreme Court has ruled that special education students may be expelled, defined as formal board action excluding a pupil from school, if certain procedures are followed. As stated in the Iowa Supreme Court decision (Southeast Warren Community School District vs. Department of Public Instruction, December 14, 1979):

> . . . we believe the policy expressed in the special education chapter, particularly in section 281.2, puts a special gloss on any expulsion proceedings involving special education students. It does not preclude exclusion, but requires special procedures before expulsion may occur. We hold those procedures must include reevaluation of the child by the diagnostic - education team provided for in 670 Iowa Administrative Code 12.19, a report and recommendation by the team to the board, and, after full hearing, determined by the needs of the child and the district. Expulsion should be resorted to only when no reasonable alternative placement is available.

Another factor which relates to this exclusion from school involves the role of the AEA Director of Special Education. Under Chapter 273.5 this person is responsible for ensuring that each child requiring special education within the AEA receives an appropriate special education program or service. However, under Chapter 281.8 of the Code, the AEA Director of Special Education is also responsible for determining the limitations of such programs or services. As stated in this section:

> 281.8 Exceptions to Attendance. It shall not be incumbent upon the school districts to keep a child requiring special education in regular instruction when the child cannot sufficiently profit from the work of the regular classroom, nor to keep such a child requiring special education in the special class or instruction for children requiring special education when it is determined by the director of special education of an area agency that the child can no longer benefit from the instruction, or needs more specialized instruction available in special schools. However, the school district shall count the child requiring special education in the enrollment as provided in sections 273.9 and 281.9 and 442.4 and shall insure that appropriate educational provisions are made for the child requiring special education within the limits of funds available under the provisions of Chapters 273, 281, and 442.

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It appears that the critical issue here is the director's determination that either the child can no longer benefit from instruction or needs instruction which can only be provided in a special school. Among those factors which must be considered in arriving at such a decision include:

1) The pupil's progress, both academically and behaviorally, within his/her present individual educational program (IEP).

2) The restrictiveness and structure of those programs which have thus far been provided.

3) The documented management strategies which have thus far been implemented.

4) Documentation of unacceptable behaviors which have been demonstrated by the pupil in the classroom setting.

5) The age of the pupil.

6) The recommendations of related agencies such as social services, juvenile court or mental health.

7) The recommendations of the AEA diagnostic-educational team.

Such a move would be a change of placement and necesessitate all due process procedures involved in such changes including parental notification with opportunity to appeal.

After reviewing these sources of documentation, the director may make the determination that the pupil should either be discontinued from special education programs or services or be referred to a more intensive special education program.

These procedures which are followed by a local school district in expelling a special education pupil and those procedures followed by a director of special education in determining special education needs are not interchangeable. Rather, each of these procedures has a purpose: in one case a pupil's behavior which is unacceptable within the school setting is being established within a due process procedure; in the second case the eligibility of a pupil to benefit from special education programs and services is being reassessed. It is important to note that these may be parrallel procedures occurring at the same time.

Other Alternatives

Although there are many pupils manifesting behavioral deviance who still await an appropriate special education program, there are other pupils who have been provided such programs and services and do not appear to be gaining from such experiences. As mentioned earlier, this may lead to either program termination or seeking other programs or services. Among the alternatives which may be considered for such a pupil are (1) homebound instruction, (2) referral to the Department of Social Services or (3) referral to the juvenile court system.

Homebound instruction is an alternative for emotionally disabled/chronically disruptive when it has been determined by a diagnostic educational team that such a placement is appropriate. It is important, however, to use such an option cautiously and for specific reasons. Such an option should be of specified short-term duration with specific goals and objectives in mind which are to be accomplished through the use of such an option.

Other cases arise in which residential placement is seen as a necessary provision in order to meet the special educational needs of a given pupil. It is important, first of all, that a diagnostic educational team verify the hypothesis that the only appropriate special education program for such a pupil if found within a residential setting. Following the establishment of this, it is important that the director of special education obtain the data discussed earlier in this paper. The director should then contact the appropriate Department of Social Services personnel to see if there is any means by which residential placement can be faciliatated by the two agencies working cooperatively. In some casees this may lead to court involvement.

There are going to be those situations in which the parents do not agree with those actions taken to secure a residential educational program for their child. Under such circumstances, it may be necessary for the local school district to initiate an administrative hearing through the Department of Public Instruction to attempt to establish that a special education program which can only be provided within a residential setting is necessary and appropriate.

A Final Thought

Although this paper has primarily dealt with the limitations of public school programming for emotionally disabled and chronically disruptive pupils, it should be kept in mind that we are still mandated to provide appropriate options, to the maximum extent possible, which can be offered in our public schools. Too often we may want to give up too quickly or assert that a particular pupil must have residential placement when few alternatives have been tried in our public schools. Perhaps the most solid manner by which an LEA/AEA can establish either the need for program termination or residentially based programs is through the provision of alternatives within the public schools which have proven inadequate for a particular child or adolescent.

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SOURCE: Phi Delta Kappan, March 1980.

Suspension, Expulsion, and the Special Education Student

by Edward Lichtenstein

School suspension and expulsion regulations have been outmoded by P.L. 94-142 and court cases like Stuart v. Nappi. *Mr. Lichtenstein discusses alternatives.*

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Paula, a 15-year-old high school student, fought in the locker room with another girl. In her school, fighting draws an automatic four-day suspension.

Peter, a 17-year-old high school student, in a moment of intense anger, hit his math teacher. It was his fourth fight of the year. The building administrator recommended to the superintendent that Peter be expelled.

Each state's school authority is empowered to suspend or expel students. Federal courts, recognizing that authority, have described the minimum due process procedures necessary to initiate suspension or expulsion procedures.[1] However, recent legislation and court decisions have circumscribed the authority to impose such punishment equally on all students. Handicapped students cannot be deprived of an educational program for more than two days, have their program changed without rigid adherence to prescribed procedures, nor be refused the public school's services unless an appropriate private placement is provided at the school district's expense.

P.L. 94-142, the Education for All Handicapped Children Act of 1975, creates this special situation. Congress's intent was to increase handicapped children's educational opportunities. This is being accomplished. But one of the act's unexpected side effects has been to supplant the disciplinary procedures of local school districts in the areas of suspension and expulsion.

Congress found that handicapped students as a group: 1) are particularly subject to discrimination, 2) are noticeably different from their peers, 3) require unusual and creative teaching strategies, 4) are not easily worked with in large groups, 5) need special facilities, 6) are often seen as discipline problems, 7) are frequently excluded through the nonenforcement of mandatory attendance laws, and 8) are often misplaced, miseducated, undereducated, or ignored.

In 1972 the pattern began to change, as courts recognized and defined the educational rights of the handicapped. In Pennsylvania, the Pennsylvania Association for Retarded Children (PARC) sued the commonwealth,[2] challenging laws that allowed school districts to exclude retarded children. In Washington, D.C., the district was sued when it failed to make any attempt to reinstate several learning-disabled children after they were excluded from school.[3]

Both cases, eventually decided by substantially similar consent decrees, focused legislative attention on handicapped students' needs. The result was P.L. 94-142, a funding law incorporating the procedures delineated in the *PARC* and *Mills* cases. Both the state and its local agencies must adhere to the act's procedural provisions if they are to benefit from the funding provisions.

Placement procedures are a primary focus of P.L. 94-142. The law does not directly address a disciplinary or any other standard operating procedure. One regulatory comment indicates that "normal" actions may be taken when a student is endangering himself or others.[4] Thus detention, work assignment, indoor suspension, temporary assignment to a time-out room, or a simple lecture do not run afoul of the act. All are temporary; all permit continued contact between the student and the school.

In 1978 the Danbury, Connecticut, public schools, following the *Goss v. Lopez* guidelines,[5] attempted to expel a handicapped student. The court enjoined the school district from initiating the expulsion procedure, holding that handicapped students, although subject to less severe discipline measures, cannot be expelled from school and thereby lose the benefit of its services.

Statute and case law indicate that there is a conflict between the local school board's perception of its traditional power to suspend or expel a student and the handicapped child's right to an appropriate education. This raises questions about the extent to which and the manner in which a school board can change a handicapped student's placement for disciplinary reasons.

The Danbury case, *Stuart v. Nappi*, indicates that expulsion and suspension go beyond acceptable limits.[6] Their net effect is to separate the handicapped child from the school and deny him access to the school's programs, people, and resources. Consequently, the due process requirements set forth in *Goss* are inadequate, since the student may not be able to undertake the most appropriate program.

In the fall of 1975 one of Miss Stuart's teachers reported her as being "academically unable to achieve success in his class."[7] The referral was corroborated by Stuart's other teachers. She was referred to a Planning and Placement Team (PPT). It recommended psychological testing and the implementation of a special education program. The testing was not completed until the initially successful special education program began to fail.

The inappropriate timing of Stuart's testing was typical of the attention she received. Usually there were long delays between program implementation and testing, and at one point there was not even a program. The frequency and severity of her discipline problems increased as the success of her education programs decreased. Finally, in the fall of 1978, she was involved in a schoolwide disturbance. The administration recommended that she be expelled for the remainder of the school year. Acting on the request, the Board of Education scheduled an expulsion hearing. Stuart went to federal court and requested a preliminary injunction "enjoining Danbury Board of Education from conducting a hearing to expel her."[8] The injunction was granted, and the court's reasons for granting it are critical for understanding why the power to suspend or expel has been limited.

The court listed four rights established

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by P.L. 94-142 with respect to suspension and expulsion:

> 1) the right to an "appropriate public education," 2) the right to remain in her present placement until the resolution of her special education complaint, 3) the right to an education in the "least restrictive environment," and 4) the right to have all changes of placement effectuated in accordance with prescribed procedures.[9]

These rights, the court held, would be violated if Stuart were expelled. Her case indicated that there would probably be an unreasonable delay between the time expulsion became effective and implementation of an alternate program. However, even if there were no delay, some injury would probably result. Assuming that some type of program would continue to be offered, the options were severely limited: either homebound instruction or private placement. The latter was not controlled by the district and admission could not be guaranteed. A strong likelihood existed that an appropriate placement could not be found; even if found, it would probably cost more than the district's average per-pupil expenditure. Homebound instruction, therefore, was likely to be the recommended program. The court said:

> Such a result can only serve to hinder plaintiff's social development and to perpetuate the vicious cycle in which she is caught. See . . . 423 F.Supp. 180, 183 (S.D.W.Va. 1973) (holding that it is "imperative that every child receive an education with his or her peers insofar as it is at all possible").[10]

The two alternatives, homebound instruction and private placement, ran counter to the "least restrictive environment" to which Stuart was entitled, i.e., the right "to be educated with nonhandicapped children whenever possible."[11]

Stuart's right to remain in her current placement until the complaint was resolved was central to the expulsion question, because the court considered expulsion's net effect to be a change of placement.[12] The prescribed procedures for a change include parent notification and the opportunity for appeal and a hearing if the change is not agreed to by the parent. Thus, once the complaint has been made by the parent, "There is no indication in either the regulations or the comments thereto that schools should be permitted to expel a handicapped child while a special education complaint is pending."[13]

It is possible that a parent will agree to a child's expulsion; however, it is not likely. Once a parent's rights are explained, it is more probable that he will require the school system to create an appropriate rather than simply a convenient program. Even if expulsion is imposed, it is possible that the parent will claim not to have fully understood the available options, withdraw permission, and force the school district to begin the procedure all over again. The school district's best option is obviously to forgo suspension and expulsion procedures for handicapped students and simply implement the steps needed to accomplish a program or placement change.

The power of a school board to suspend or expel a student was addressed in the *Stuart* and *Mills* cases. The only time a handicapped student may even temporarily be deprived of a program is when he presents a danger to the health, safety, or welfare of the balance of the student body.

Ordinarily, a school district may use a variety of long- and short-term disciplinary techniques to handle disruptive students. However, under P.L. 94-142 [illegible] of these methods may not be available. Any technique that ultimately changes the student's program must be implemented according to P.L. 94-142 procedures and supplementary applicable state law. This includes suspension and expulsion, which are, in the long run, incompatible with the law's goals and therefore not available to schools as an option.

What alternatives are available to a school district cognizant of its legal obligations but needing to deal with the disciplinary problems some handicapped students present? Some possibilities are:

1. Provide a time-out program on either a building or district level to provide

Table 1. State Rulings on Suspension and Expulsion For Special Education Students

State	S&E	S&E provision*
Alabama	yes	
Alaska	yes	no
Arizona[1]	yes	no
Arkansas	yes	
California	yes	
Colorado	yes	
Connecticut[2]	yes	
Delaware	yes	
Dist. of Col.[3]	yes	no
Florida	yes	
Georgia	yes	
Hawaii	yes	
Idaho	yes	
Illinois	yes	
Indiana	yes	no
Iowa[4]	yes	yes
Kansas[5]	yes	no
Kentucky	yes	no
Louisiana	yes	
Maine	yes	
Maryland	yes	
Massachusetts	yes	
Michigan	yes	
Minnesota	yes	
Mississippi	yes	
Missouri	yes	
Montana	yes	
Nebraska	yes	
Nevada[6]	yes	no
New Hampshire	yes	
New Jersey	yes	
New Mexico	yes	
New York	yes	
North Carolina[7]	yes	yes
North Dakota	yes	
Ohio	yes	no
Oklahoma[8]	yes	no
Oregon[9]	yes	no
Pennsylvania[10]	yes	yes
Puerto Rico	yes	
Rhode Island	yes	
South Carolina	yes	
South Dakota[11]	yes	no
Tennessee	yes	
Texas	yes	
Utah	yes	
Vermont	yes	
Virginia	yes	
Washington	yes	
West Virginia	yes	
Wisconsin[12]	yes	no
Wyoming	yes	

*Each state department of education was queried as to whether any ruling relevant to this question had been made. Where a response was received it has been so indicated. When no answer was received the space has been left blank.

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1. Department of Education encourages behavior modification rather than punishment as the primary alternative, is aware of *Stuart v. Nappi*, but has not yet made a ruling stemming from it.

2. *Stuart v. Nappi* originated here.

3. As a result of *Mills*, the district has a very strict procedure that must be used in the case of either suspension or expulsion. There are also strict guidelines regarding the placement of special education students that, in effect, make it nearly impossible to suspend or expel such a student.

4. A state superintendent's declaratory ruling and a hearing both support and refer to *Stuart*.

5. The Wichita Board of Education has asked for a Department of Education ruling but as of this writing had not received an answer.

6. Allows immediate, short-term suspension of those students endangering others.

7. If a suspension or expulsion is for more than 10 days, the district must continue to provide "essential special education or related services" if they would have been provided during the time of the exclusion.

8. Urges the careful documentation of the events and procedures leading to exclusion of a special education student.

9. State code gives local board permission to recommend a program for an excluded student but does not require it to do so.

10. Allows exclusion of over 10 days with parent permission and completion of a detailed procedure.

11. A detailed due process procedure is [illegible] for all students.

12. There has been no ruling, but an article has been published in the Department of Instruction's newsletter, written by legal counsel, which indicates that the state would follow the *Stuart* precedent.

a temporary program while seeking ways to put the student back into a regular placement.

2. Create an alternative program that emphasizes behavior modification.

3. Initiate a halfway program for students who are moving from special education into mainstreamed classes. It could be used when a student has temporarily regressed.

4. Work with other districts or within a district to create an after-hours program to which disruptive students may be assigned on either a short- or long-term basis.

5. Have disruptive students work in a self-contained room to which the teachers come rather than have the students go to them.

6. Develop a work-study or cooperative education program especially addressed to disruptive students. Perhaps an arrangement might be made with the district's service unions to provide learning opportunities for these students.

7. Work out an arrangement whereby potentially disruptive students may withdraw from a situation, without penalty, in order to avoid a confrontation. Perhaps there might be some type of room to which they may report to work out this situation with a counselor.

Some of these solutions are specifically addressed to handicapped students, others involve other members of the student body. However, all of them provide an opportunity to continue the assigned program or give the school the chance to make an alternate placement that maintains contact between the school and the student.

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1. *Goss v. Lopez*, 419 U.S. 565 (1975).
2. *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*, 343 F. Supp. 279 (1972).
3. *Mills v. Board of Education of District of Columbia*, 348 F. Supp. 866 (1972). Some of the students involved in this case were of elementary school age. The action was brought as a class action suit.
4. 45 C.F.R. 121a513.
5. *Goss v. Lopez*, 419 U.S. 565 (1975).
6. *Stuart v. Nappi*, 443 F.Supp. 1235 (1978).
7. Ibid., at 1238.
8. Ibid., at 1239.
9. Ibid., at 1240.
10. Ibid.
11. Ibid., at 1242.
12. Ibid., at 1243.
13. Ibid., at 1245.

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3

ANNUAL GOALS AND SHORT TERM OBJECTIVES

Josephine Hayes

PERHAPS the most frequently read part of any student's individualized education program will be the section that lists the annual goals and short term objectives. This section makes up the bulk of the program and at meetings may take the longest time to complete. This chapter will list the hows and whys of writing annual goals and short term objectives. Examples of procedures, meant to be illustrative rather than prescriptive, are included.

Historically, handicapped children have gone from one grade to another, often receiving the same instruction at the beginning of each year because the teacher had no way of knowing what the students already knew. Several weeks of assessment and trial and error pass while the teacher tries to get to know the students and organize an instructional program. If the students were recently placed, a psychological report with current information will be available. Such reports usually classify or identify the handicapping condition without telling the teacher what exactly the student can do. Terms like "poor concept formation," "low fund of basic knowledge," and "inability to discriminate essential from nonessential detail" all categorize certain performances of students but are not much help in planning a child's program.

Occasionally, a checklist accompanies a student from one year to the next. Checklists, however, do not tell how long it took the student to learn the skills mastered, or list the most effective methods or materials to teach the skills, or suggest realistic goals for the next ye

RATIONALE FOR WRITTEN GOALS

Educators of exceptional children now have at their disposal a tool that can make teachin more effective and learning more successi Public Law 94-142 mandates that annual go and short term objectives be written for eac child as part of the individualized educatio program. There are at least five benefits of written goals and objectives that should be remembered:

- Written goals and objectives provide accountability.
- Written goals and objectives can motiva students.
- Written goals and objectives facilitat teacher-parent communication.

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- Goals and objectives will make teacher preparation more relevant.
- Goals and objectives help focus learning activities.

Written goals and objectives provide accountability. They may be viewed and reviewed by administrators, parents, and other teachers working with the child. Combined with assessment data, goals communicate what has been and will be taught and what has been learned in a given period of time.

Written goals and objectives can motivate students. Students who are told what they will learn and why are encouraged to try harder, and they feel the interest and concern of their teachers and parents who have worked together to plan the child's program. After each skill is learned, students are praised and are told what they will learn next. Success builds upon success and positive self concept increases.

Written goals and objectives facilitate teacher-parent communication. When the home and the school plan together for the benefit of the child, all involved benefit. When teachers formally and periodically share with parents what their children have learned, the reinforcement to the child is increased. The support of parents for the school grows as well, yielding greater cooperation.

Goals and objectives will make teacher preparation more relevant. Knowing exactly what skills each student needs to learn, the teacher will be better able to prepare lessons that are geared to the students' needs, thereby eliminating unnecessary instruction. A carefully developed individualized education program will provide a reference for teachers that will enable them to judge student progress accurately and provide appropriate instruction for critical need areas. Planning becomes easier in the long run since teachers always know what the students should be able to do by the end of each goal period.

Goals and objectives help focus learning activities. Each activity can be planned to strengthen a specific skill. When the purpose of activities is shared with students, learning becomes intentional rather than incidental. Students become aware that what they are doing is purposeful, not arbitrary, and tasks take on greater meaning for them.

WHERE TO BEGIN

In order to write appropriate goals, the planners must begin with where the student is at the time of planning. Since each program is written for a particular child, it is important to have appropriate assessment data available that indicate the child's present level(s) of performance (see chapter 2). The child's ability includes intellectual, mental, social, and physical capabilities including use of legs, arms, eyes, ears, and speech.

The student's age, grade, and amount of learning to date must be considered when setting goals. Equally important are the student's strengths and weaknesses. These include such things as general health factors, special talents, best mode of learning, and sensory-perceptual functioning. Finally, the student's likes and dislikes must be considered. Knowledge of a student's special interests or hobbies can be used by the thoughtful teacher to help students learn in a way that is most enjoyable to them.

It is often helpful to have a list of curricular areas on hand when setting annual goals. Such a list will enable the program developers to consider pertinent questions that will help them zero in on specific goals and insure that nothing relevant is omitted. Having topic headings on blank forms can also help those reading the individualized education program. Thus, reading skills can be found in the same place on the form for all children in a class or district. Time is saved for the teacher who does not have to search through every form when planning reading instruction for an entire class. The following is a partial topical list of content areas that might appear on a district program planning form.

- Reading Skills
  - readiness
  - comprehension
  - vocabulary
  - word attack
- Prevocational-Vocational Skills
  - job readiness
  - work experience
- Language Arts Skills
  - writing
  - spelling
  - grammar
  - speech

- Arithmetic Skills
  - numeration
  - computation
  - application
  - measurement
  - time
- Perceptual Motor Skills
  - auditory and visual
    - sequencing
    - memory
    - acuity
    - discrimination
    - association
  - eye-hand coordination
  - fine motor development
- Gross Motor Skills
  - large muscle activity
  - general physical health
  - body localization
  - directionality
  - laterality
- Social Skills
  - social acceptance
  - responsibility
  - self control
  - self concept
  - general behavior
  - self help skills

A list of curriculum areas provides a structure and helps to avoid random discussion. The purpose of developing an individualized education program must be kept in mind by all or the meeting can go on for hours. A helpful format might list the following across the top of the page: Content Area; Present Level; Annual Goal; Method/Personnel.

The developers of the child's program must know specific present levels of a child's performance. If a report states the child can do simple addition and subtraction, the referring teacher can tell how many digits are involved, whether the child can carry and borrow, and so forth.

Information may come from tests given by psychologists, educational diagnosticians, teachers, or others who have worked with the child, or it may come from teacher or parent observation. Specific statements should be recorded as these are necessary in setting goals. The following examples illustrate specific present levels of functioning:

- Identifies alphabet except M, N, b, d, and n
- Recognizes numbers to 100.
- Works independently for five minutes
- Reads word by word instead of reading phrases.
- Can dress self with assistance on shoes and buttons
- Wets clothing twice daily (once at home and once in school)
- Cannot remember a list of three items when sent to store.

SETTING PRIORITIES

In looking at the student's present level of functioning parents and teachers begin to see some critical areas that need attention. These should be pinpointed by having both parents and teachers state what they think is most important. These become high priority items. Other areas where weaknesses exist can then be identified.

There are certain conditions or constraints that influence which critical need areas will be targeted. The student's age and the amount of time left in the school system are constraints that planners need to consider. The goals for an 18 year old tenth grade EMH student who cannot read will be quite different than those for a second grade EMH student who cannot read. If it is known that the tenth grader has received reading instruction during previous school years and made little progress, the group will want to try to set annual goals that this student can achieve. Since only about two years remain before this student will be out of school, the group will want to set some goals that will prepare the student for adult life. The kind of decisions made for this tenth grader must be ones that will not limit education, but rather will broaden its scope to meet the student's needs. Vocational skills, job hunting techniques, budgeting, consumer education, and community recreation, for example, may be more appropriate priorities than reading per se. It may be that teaching reading within those content units will achieve results. The emphasis, however, is on preparation for adult life instead of on academic learning.

The amount of learning attained and the previous teaching methods used are also constraints to consider when setting annual goals. A fifth grade learning disabled student with a sight vocabulary of less than 100 words who has attended remedial reading class for a year in

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addition to receiving reading instruction in the regular class will probably not be able to catch up in a year or even two. The planners will need to look at what the child's ability is, what methods were used to teach reading, what emotional or home/family conditions exist, and then make the best estimate of what the child will be able to learn in a year given all these factors.

Another constraint to be considered during the planning process is the amount of time the student will spend in the special education program. As the individualized education program is developed, placement needs become apparent. While no formula readily presents itself, there must be some correspondence between the number and levels of the annual goals set and the amount of time available for instruction. Planners need to consider whether goals can be met within the regular program with consultation for the teacher, with a few hours a week of supplementary instruction, or with more hours of direct instruction by a specialist. Placement decisions must be based on the concept of least restrictive environment. A child shall be removed from the regular program only when it is determined to be appropriate.

DECIDING ANNUAL GOALS

The next step involves looking at each present level statement. Everyone should determine what the student should be able to do by the end of the year, considering all that is known about the child. It is sometimes difficult for members of the group to make judgments of this sort. The coordinator should emphasize that the annual goals can only be the group's "best estimate" of what the child will be able to do within one year. All must realize that the goals stated will not limit the student's program; if they are accomplished sooner than anticipated, additional goals will be set.

It is important for the coordinator, in the interest of time, to elicit goal statements and write them down, quickly moving through each critical need area. If the group is having difficulty deciding on one area, they should move on to something else and return to the unfinished area at the end. It is often easier to make decisions once the process has gotten under way and each person can see the total program taking form.

The following two examples of annual goals derived from present level statements both represent low functioning skills.

Present level: Makes random marks on paper.
Annual goals: (a) Will print entire name. (b) Will copy letters, numbers, and shapes.

Present level: Counts to 5 by rote.
Annual goals: (a) Will count to 100. (b) Will match objects and numerals to 10. (c) Will recognize numerals to 10.

In both examples, annual goals set correspond directly to what the child can presently do. There must be a relationship between the annual goals set and the student's present level of performance. Goals must be built upon present levels as a house is built upon a foundation; otherwise, the program will not be appropriately sound. Always ask, "What else?"

Next, the support needed to achieve the annual goals must be documented. Success may depend on many factors such as home reinforcement, medical services, speech or other therapy, consultation with a behavioral specialist, counseling, or modifying or adding instructional materials and resources. This should also be documented. The person(s) responsible for achieving the annual goals and short term objectives should be listed. In the case of mildly handicapped children this is often the regular classroom teacher with support from the itinerant or resource room instructor. In the case of moderately or severely handicapped children, the teacher of the self contained class will be the main implementer. In any case, the home may be involved to further insure success.

HOME INTERVENTION

Parents may participate in a supportive program in carrying out the individualized education program, or they may work with a counselor to set up a behavioral program to be implemented at home. It may be necessary to improve attendance in school, or the student may need help with homework or with physical exercises in the evening. It should be documented whenever parents are to work toward the attainment of goals.

The services of a school social worker may be another support cited at this time if the student and family need help coordinating with community agencies for medical, dental, clothing, day care, counseling, or other services.

It is essential to document the nature of services needed as well as the person responsible for service delivery. As time passes and the program implementers monitor the intervention, some breakdown in support may become apparent. Too often the delivery of related services, which have a large impact on school performance, is neglected simply because no one knows who to ask or no one was designated to follow up. Documenting the person responsible for monitoring services will often result in more timely and efficient delivery of services.

The kind of support needed to achieve annual goals and short term objectives should be recorded, regardless of whether the support currently exists in the school system. The alternative that *could* be implemented and the alternative that *will* be implemented may differ, but recording other possibilities for program service delivery models, resources, and strategies may bring their realization that much quicker. What is necessary is to avoid fitting the student to existing programs. Accurate documentation of the kind of support necessary to achieve appropriate goals is vital. The most appropriate alternative must be the one that is offered to parents for their approval. However, the needs of children must be recorded in order for improvement of services in the district to be effected.

Monitoring the effectiveness of each program is an ongoing process. When support breaks down, procedures for reporting and correcting deficiencies must be understood by all. Procedures may include contacting the individual designated as the one responsible in a particular area or contacting the special education administrator in the district. Whatever procedures are established, all who share the responsibility for the child must understand them and take responsibility for reporting any deficiencies as soon as noticed and as often as necessary until the problem is ameliorated. There is no excuse for realizing at the end of the year that a particular service was never delivered. Those closest to the child, his teachers and parents, must monitor the intervention strategies and report irregularities immediately.

SHORT TERM OBJECTIVES

Once the annual goals have been recorded and the support needed to accomplish them has been documented, the next step is to identify several short term objectives for each annual goal. These short term objectives may be viewed as milestone steps between where the child currently is (present level) and where the group hopes the child will be by the end of the year (annual goals). The number of short term objectives established is currently left up to the district to determine, but three or four steps in each area seems to be a reasonable number. The group developing the individualized education program examines each annual goal and determines the sequence of steps leading up to the goal. These are short term objectives.

An Example

Suppose a year end goal was that the student would recognize vowel sounds. Since this objective was selected, it must be assumed that the student is able to auditorially discriminate between such words as pin, pen, pan, and pun; otherwise phonics instruction would be unprofitable. Another assumption may be that the child has already learned a number of "sight" words, which can then serve as "phonic models." A third assumption is that the student has already learned the consonant sounds. This is a rather easy example because the short term objectives may be simply that the child will correctly pronounce the short sound of *A* in the middle of a one syllable word, the short sound of *E* in the middle of the word, and so on for the five common vowels. It matters not whether the short sound is taught for initial or medial vowels in one generalization or separately. The approach to reaching and teaching short term objectives is really the teacher's domain. In teaching phonic analysis, deciding which vowel or which sound of that vowel to teach first is probably not a crucial issue and should be left to the teacher's discretion.

If the annual goal is to be accomplished, the teacher must have some sequence in mind when planning instruction. However, for the purposes of Public Law 94-142, it is not necessary to list each and every step the child will take along the way. Short term objectives are not intended to be lesson plans. In this example it may suffice to list only three milestone steps:

1. Common short vowel sounds
2. Common long vowel sounds
3. Irregular vowel sounds (schwa, oo, diphthongs, etc.)

Listing only a few short term objectives may make it easier for those developing the individualized education program to complete this section at one sitting. The teacher may wish to break the sequence into smaller steps, which may be done during the year without rewriting the program.

Some teachers have found it helpful to list short term objectives for each reporting period. If record cards are issued four times a year, the objectives could be written prior to each nine week period. In this way, children can be evaluated on specific objectives set for them each reporting period and progress reports can be sent home along with the regular report cards. This type of reporting keeps parents well informed and lets students know what is expected of them.

GOALS IN THE AFFECTIVE DOMAIN

It is tempting to overlook social and behavioral goals when writing annual goals and short term objectives for the individualized program. The subjective nature of the decisions that must be made makes this section difficult. Stating exactly how the child should act in a year's time is hard enough; sequencing the steps that will take him there is a real challenge. Suppose, for example, a timid child never volunteers in class, avoids eye contact when talking to adults, and usually plays alone during recess. What will be desired as year end behavior? How often should he raise his hand in class? How long must eye contact last? With how many children should he play and for how long?

As another example, consider a child who almost never completes an assignment, steals several times a month, is belligerent to teachers, and bullies other children. In addition, he yells out across the room whenever he feels like it and is out of his chair as soon as the teacher's back is turned. To specify goals for this child's behavior it will be necessary for the teachers and parents to decide what change they would most like to see in the child as a first step. An objective should be written for that goal and then for other behaviors in more or less rank order of importance.

Since published sequences are difficult to locate for behavior goals, the most practical way to determine short term objectives in the affective domain is to list successive approximations toward the goal as milestone steps. For example, a child verbally "shares" with one other person, then before a small group, and finally before the entire class; or the unwanted behavior is reduced by 10 percent, then 20 percent, and finally 50 percent of its original frequency. The judgments involved in planning and assessing progress of behavioral goals will be easier to make if they are viewed as the planning group's "best estimate" rather than as "the" answer.

SOURCES OF GOALS AND OBJECTIVES

While the annual goals for each student are established by the planners themselves, the short term objectives can be obtained from a variety of published sources. A curriculum guide is the best tool to use when pinpointing behaviors and sequencing short term objectives. It is not necessary to "reinvent the wheel" at each planning meeting. Special education curriculum guides, whether locally developed or not, generally contain skill sequences in many areas. To use such a reference in writing short term objectives for an individualized education program, it is only necessary to turn to the particular skill area (e.g., self help skills) and then locate the child's present level and the predicted annual goal. The steps between these points are short term objectives. It may not always be possible to locate each behavior in this way, but one can save time whenever it works.

The grade level objectives used in the regular educational program are another source that can be a helpful reference. Even textbook teacher's guides in the content areas can be used. In fact, almost any published sequence of objectives will do as a starting point. The key is to adjust or modify the objectives to meet the needs of the individual student. To facilitate planning, several guides or sequences should be on hand during the meeting. No two sequences will be identical; however, almost all sequences contain enough content to choose milestone steps for short term objectives. If the available curricula do not contain appropriate skill sequences, the planners can add their own steps as necessary. It is most essential to choose a design in which the objectives are clearly stated and arranged in positive skill sequences.

In writing objectives on the individualized education program form, several criteria may be applied. The criteria to follow for both annual goals and short term objectives:

- Must be in pupil terms.
- Must be measurable or observable in some way.
- Must be stated in specific terms.
- Must be realistic for the student.

These criteria should be followed in order to monitor pupil progress effectively as well as to assess the impact of individualized education programs.

Once the annual goals and short term objectives are completed, the next step is to begin arranging the necessary special education and related services required to implement the education program and support the process of moving from the present level(s) of performance toward successful attainment of the annual goals. With a clear understanding of where the child is now and where it is hoped the child will be next year, assigning the necessary resources appropriate to implement the individualized education program is a critical task.

HOME/SCHOOL

It goes without saying that work done with parents can be extremely beneficial to the emotionally disabled child's welfare. Research supports the need for intervention in all areas of the child's environment - home, school and community - if lasting change is to occur. The purpose of this section is to exhibit some examples of how the home and school can work better in the interest of the emotionally disabled child and to help the school to cope better with his parents.

Often the parents of emotionally disabled children are difficult for the school to work with. This may be true for a number of reasons. The parents may be reacting to the stigma of having a child identified and the implications about their skill as parents. They may feel threatened by the team of professionals involved with their child. They often want something done to help their child, as does the school, but they may not agree on method and procedures. It is also common for parents to feel the school bears the main responsibility for the child's difficulties, although the difficulties are also closely related to the problems within the home. Parents may feel that because of unfair treatment at school, their child has a more difficult time than is warranted.

These attitudes are representative of the many positions of parents and schools. Rather than separate the school and the home in arguing about who caused what in the child's behavioral problem, lets look at what the school can do to bring these two vital resources together in a constructive, cooperative effort. It is not assumed that the school can settle all of the child's problems. It is simply asserted that within the context of the special class, the school can and should be actively working with the home.

To assist in planning a home component for your program, this section has been sub-divided into 4 areas:

- Informing & Involving Parents
- Communicating With Parents
- Home/School Planning & Monitoring
- Home Management

Once the parent has agreed to placement in a special class, many problems can be avoided if a special effort is made to keep them informed and involved. In this area you will find many suggestions for developing more active parental involvement with your program.

Keeping the lines of communication open between home and school is essential. This area will provide samples for written communication and supply guidelines and hints for improving verbal communication in interviews, conferences, etc.

The Home/School Planning and Monitoring area will supply samples for recording interactions as well as present information on the why and how-to of developing a good strong home component to your program.

The last area, Home Management, provides information, charts, suggested formats, etc. to guide you in training and helping parents to acquire the same general conduct and achievement standards that the school has worked hard to develop and maintain.

The cooperation between home and school is an important objective to pursue and worthy of more time and effort than is generally found in public school programs. Use of the suggestions offered here could perhaps make the venture of behavior change a more pleasant, cooperative and effective experience.

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RESOURCES
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A Parent's Guide to Bedwetting Control: A Step-by-Step Method, H & H Interprises.

Changing the Behavior of Handicapped Children: A Guide for Working with Parents, Teaching Resources Corporation.

Communication Workshop for Parents and Adolescents, Leader's Guide and Parent's Review, Research Press.

Discipline Without Tears, Dutton Publishing Company.

Effective Communication, Argus Communications.

Five Practical Behavior Guides: (1) "Stop that Fighting" Turning Sibling Rivalry into Peaceful Coexistence, (2) "Dinner's Ready" Teaching Children to finish meals and control snacking, (3) "Not 'Til Your Room's Clean" Teaching children responsibility for their room and belongings, (4) "No More Whining" Curbing one of children's most irksome habits, and (5) Because I Said So" Teaching children to follow your directions, Research Press.

Guiding the Child, Dutton Publishing Company.

How To Put Up With Parents: A Guide for Teenagers, Research Press.

Improving Study and Homework Behaviors, Research Press.

Little People: Guidelines for Common Sense Child Rearing by E. Christophersen, H & H Interprises.

Logical Consequences, by Dreikurs and Gray Dutton Publishing Company.

Parents Are Teachers, Leaders' Guides and Tests, Research Press.

Parent's Guide to Child Discipline, Dutton Publishing Company.

Responsive Teaching/Parenting Transparency Kit, H & H Interprises.

Systematic Training for Effective Parenting: Complete STEP Kit, American Guidance Service.

The following is a list of materials available through the Curriculum Laboratory, Special Education Division, Educational Services/Media Services.

Area Education Agency 6
    1 Curriculum Guide - Parent Class Handbook, 1978

Hart Publishing Company
    1 Professional Reference - Summerhill: A Radical Approach to Child Rearing, 1960

Stoelting Publishing Company
    Peabody Model Vision Project
    1 Professional Reference - Parent Involvement, 1980

John Wiley & Sons, Inc.
    1 Professional Reference - How to Talk with Children (and other people), 1973

American Guidance Service, Inc.
    1 Training Reference - Systematic Training for Effective Parenting (STEP Program), 1976

Center for Teacher Education
    PETSS Project
    2 Training References - Developing Parent-Teacher Relationships

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LEVELS: PIJS
SOURCE: CLOSER LOOK, Washington, D.C., Fall 1979

FORGOTTEN CHILDREN . . . A COSTLY CRISIS

"I can still feel the panic when I hear the phone ring . . . I automatically think someone is calling to tell me my son has just hurt a kid, or broken a window . . . even though things are better now. The teacher he has now has made a tremendous difference . . . I can get through a day without constant fear."

"When your child is seriously disturbed, you need other parents to talk to who know what it's like . . . or else you end up totally alienated from other people . . . totally alone."

"Being the parent of an emotionally disturbed child can make you feel like a social leper. We ended up moving from neighborhood to neighborhood. Even our relatives wanted to have nothing to do with us."

"There are no programs where we live for severely emotionally disturbed children. When my child comes home from school each day he is so upset it takes us two to three hours to calm him down. Sometimes he spends the whole school day tied to his chair."

"For years I kept being told I was a bad mother, I was to blame. They said that my child should be institutionalized for life. It almost destroyed me. When we found a good school, it changed our lives. We began to get the support we needed to keep going . . . it's a lot of work but nobody's giving up on anybody anymore."

These are voices of different parents faced with similar problems. We hear from them continually. The need for help for emotionally disturbed children and their families is critical, and the need is reflected in the intensity of the appeals that come to us at Closer Look.

There is nothing new about these needs. The cries for help have been there for endless years, for anyone who cared to listen. We know the problem exists in enormous proportions (well documented in lengthy reports), we know that action is needed, we know that certain kinds of programs and services can help. Why isn't more happening?

WE MUST MAKE SURE THAT PROMISES OF LAW ARE KEPT

The passage in 1975 of the Education for All Handicapped Children Act (P.L. 94-142) breathed new life into school programs for children with handicaps. It made clear that all handicapped children have the right to a free, appropriate education. But the growth in programs for children who are emotionally disturbed has been extremely slow. On the highschool level, programs are almost non-existent.

We know that schools alone can't meet the needs of these children. But we also know now that education -- appropriate teaching -- is a vital tool of therapy. It can have a powerful role in helping a child move toward emotional

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well-being. Children not only can and do learn when they are deeply disturbed . . . the more they learn, the better they feel about themselves, the more they are motivated to keep trying. And well-designed school programs are able to reach into the troubled places in children's feelings and behaviors: they help to bring about change.

Across the country, there already are a number of outstanding programs; they show what can be done to help disturbed children take steps into the mainstream. But good programs are few and far between. One mother writes:

"I know from experience that schools accept emotionally disturbed children -- but that's all . . . The child is allowed to sit in a classroom, oblivious to everything around him (if that is the way he responds to reality). He may get violent -- then the chances are that he'll be thrown out. These kids are the forgotten children."

THE NEEDS ARE ENORMOUS: THE SERVICES ARE MEAGER

How many forgotten children are there? Nobody knows for sure. But though there is disagreement about actual numbers, there is a widespread agreement that they are the least well served among handicapped children. Programs are poorly funded; mental health services are among the first to go under when budgets are cut.

The 1978 report issued by the President's Commission on Mental Health stressed the need for mental health, education, vocational rehabilitation and social services to come to grips with the problems of emotionally disturbed children and youth. The report pointed to the difficulty in estimating the number of disturbed children because of differences in definitions and diagnoses. The writers estimated the overall prevalence of persistent handicapping mental health problems among children aged 3-15 ranges from 5 to 15 percent.

Figures projected by the Bureau of Education for the Handicapped (BEH) are lower. This is in part because BEH is attempting to identify only those children who need special education services because of emotional handicaps. It estimates conservatively that this comes to about 2% of children ages 3-21.

The shocking fact is, according to the most recent reports issued by the federal government, less than 1 percent of the children between those ages are actually receiving special education services they need. That translates into approximately 741,000 seriously emotionally disturbed children who are not getting school services to help them learn, develop their potential, becoming productive.

EVERYONE PAYS WHEN CHILDREN ARE NEGLECTED

What about other services? What about the hours after the school day, hours that can be acutely lonely, filled with stress for children and for their families? Where are the people who can intervene in crises, or be there in time to prevent them? The parent who writes to Closer Look that her child is "somewhere on the streets of our city" is shaken by dread of what may happen next. Who can help? Estimates of "incidence" hardly begin to tally the distress that exists, the need for a full spectrum of human services.

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This is not a crisis that belongs only to parents whose children are labelled emotionally disturbed. it belongs to all of us. The neighbors who avoid the family of "that child" will probably sooner or later be touched by the hurts that are the by-products of neglect. Waste, in terms of human potential, robs everyone of contributions that might-have-been. The simple economics of the matter are that people who can learn to be productive will become taxpayers, not tax burdens. Everyone of us has a stake in seeing that meaningful help is extended to children and adolescents whose lives are so askew that they cannot relate to others, or feel that they have no worth within themselves.

What we are talking about is not a simple problem. Even defining who we are talking about is hard to do. No other handicap is more complex, or creates as much alarm, fear or sense of helplessness. Many different strands of need and pain, physical and mental are woven together to produce conditions acute enough to be called "emotionally disturbed" -- and these are not always easy to measure. The feelings produced in other people, who react to, live with or teach children with serious problems are often the measure that is used -- and though this can be suspect, it is important input. We need to remember that each child is different; each is suffering in his own individual way, each has strengths and human gifts. For most, failure or a sense of failure is a daily norm.

PARENTS ARE TRAPPED -- WITH NO PLACE TO TURN

Parents of children who are emotionally disturbed carry intensely difficult, often overwhelming, burdens. They may live for years with hostile behavior, physical violence, humiliation and despair . . . with no idea of where to go for help. They are victims of battered households that wear the scars of the problems parents live with daily -- fist-sized (even foot-sized) holes in walls, broken windows, burned carpets, smashed dishes. Parents may turn to the pediatrician or family doctor -- in many cases the only person who will be involved with a troubled child . . . since schools have in the past emphatically declared that these children are not their responsibility. "Come to the principal's office to pick up your son; we can't deal with him!" is a summons heard repeatedly by parents of disturbed children; we are told about it in letters to Closer Look again and again. The child is dumped back in the lap of the parent; another failure for everyone. There is a critical gap in knowledge, a lack of staff expertise in prescribing an educational program for an emotionally disturbed child. And many a child who could have been salvaged has gone by the wayside, lost to himself, his family, friends and to society because school and mental health officials have been waging turf battles, with the child as hostage. Linkage between education and mental health agencies is vital. Professionals in these fields must talk to each other about children who need them -- and share the task of helping. And other health providers must be partners. The role of family doctors is crucial in steering the parent in the right direction, knowing when and to whom to refer parents and children.

IT'S TIME TO STOP BLAMING PARENTS

Probably the most cruel burden for parents, because it is so pervasive (like an invisible but ever-present smog), is the weight of guilt that they are given. The devastating message is: "It's your fault." Far too many professionals continue to treat parents as if they were the problem, somehow contaminated. The marvel is that so many parents have survived the attack on their self-esteem. For many, the wounds are too deep to heal.

It's important to realize that causes of emotional disturbances are intricate and often unknown. There is increasing awareness that there is no simple explanation for these bewildering and painful problems; there are biological, psychological and environmental reasons for emotional or behavioral difficulties. The compelling question is: What can we do -- now? While scientists go on with research, our thrust should be toward insistence on truly helpful interventions (in many areas) -- not on finding someone to blame.

THE STIGMA OF GUILT HAS UNDERMINED STRENGTH TO COPE

One of the destructive effects of the blame-the-parent syndrome is that it undermines the parents' capacity to interact effectively with their child. The crippling impact of guilt ("I am the cause") leaves the way clear for a child to manipulate his parents into a rag-doll state of permissiveness . . . weakening the very foundation for getting well.

A second devastating result of the guilt burden is isolation of families from one another. Ashamed even to reach out, they have been deprived of the healing effect of sharing with someone else who has been through the same ordeal; even more, they have been stripped of the power to bring about changes that come from united action.

Parents of children with other disabilities long ago joined together, fought and won programs for their children. But efforts of parents of emotionally disturbed children have been fragmented. The newly organized National Alliance for the Mentally Ill (described on page 1) is an important breakthrough, and although its main focus is on services for chronically mentally ill adults, we hope it will encourage the growth of self-help groups concerned about children.

WHAT IS TO BE DONE?

What are some of the major areas for action? As parents, what should we be demanding for our children? What should we seek for ourselves? What responsibilities must be shared by the community -- not only by schools, but by other agencies as well?

These are some of the critical areas that require concerted efforts by parents and professionals if we are to bring about needed change in the education and treatment of children who are emotionally disturbed:

* Stepped up implementation of P.L. 94-142 -- with emphasis on the right to evaluation, placement and appropriate special services for this group of children.

* A strong push for quality programming to respond to the needs of secondary school youth, who have been shockingly neglected.

* A massive effort to increase training programs to equip both regular and special education teachers to deal effectively with emotionally disturbed children and youth.

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- An examination of the barriers standing in the way of cooperation between public agencies responsible for provision of services to emotionally disturbed children.

- Recognition of the need for meaningful family support services for parents, siblings and other relatives of emotionally disturbed and mentally ill children and youth.

These are massive long-range goals. What can you do now? What first steps can you take?

- Learn all you can about the rights of handicapped children under law. The right to a free appropriate education for all handicapped children is extended to children who are emotionally disturbed. P.L. 94-142 requires that individualized education programs -- IEPs -- must be written for each child who needs special education services because of a handicap. IEPs must be provided for these children, who so long have been cycled into one failure situation after another; their IEPs must look carefully at strengths as well as weaknesses, and chart clear, meaningful objectives for action, at home and at school. Parents belong at every meeting held to decide what this program will include; they have a lifetime of knowledge of their child that must be heard and used.

  Parents need to know their rights under Section 504, too. Exclusion of a handicapped child from school is forbidden under this law: an appropriate program must be provided. If you need more information about the rights spelled out under laws, please write to Closer Look. We have information that can help you win battles for the services that an emotionally disturbed child is entitled to receive.

  Many parent organizations, voluntary associations for handicapped children, school systems, and coalitions are providing training for parents in using the great news laws as tools. Advocacy training, knowing how to act at school meetings, what questions to ask, are important skills. Get in touch with parent organizations related to other disabilities to find out if training for parents is being held in your state.

- Parents must be prepared not only to demand that appropriate programs be provided, but to monitor these programs. Is a child placed in a regular classroom where a teacher is threatened and unnerved by the child's presence, because she lacks both preparation and trained helpers? Is another child sent to a residential placement where the program is only custodial, even physically abusive?

  The force of informed parents needs to be brought to bear -- to scrutinize what is really happening in classrooms and treatment programs. And, most important, parents must be involved in defining a child's needs, in designing the interventions that will help, in doing the work. They are not outsiders, peering through one-way mirrors at miracle workers who will somehow change their child's lives. They must be part of the solution. Find out what you can do at home. What resources can you use in your own community? How can you and your child's teacher work together?

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- Inform yourself about the basics of a good program. School programs are needed that are based on an understanding that education is for living, not only for mastery of academics. While this is important for all children, it is especially important for children who are emotionally impaired. For them, the skills of living must be at the center of their learning. Their curriculum must include teaching feelings . . . learning how to make friends, how to deal with pressure, with change, with anger and frustration in ways that don't repeatedly end in self-defeat . . . building trust and self-esteem, confidence in one's ability to live by positive human values and goals . . . stimulating motivation through acceptance and success. A line in a film about the Rose School, an outstanding program for emotionally disturbed children in Washington, D.C., says it simply: "how . . . (a child) . . . feels determines how he learns . . . how he learns determines how he feels."

  Educational terms for the interplay are: affective (related to feelings) and cognitive (related to thinking). parents need to know how their child's teachers approach these aspects of learning, so that they are linked together with respect for a child's healthy development as a person. Perhaps that's the heart of the matter: Children must be led by people who see them as individuals. A label -- "emotionally disturbed" -- says nothing about how a child reacts or what he values, how best to reach or teach him, or that he is a human being who has the same right as everyone else to be part of life.

- Check your school system for meaningful programs for teenagers and young adults. In most systems they are tragically few; this is the age when young people who are severely disturbed or alienated tend to drop out, drift out, succumb to the failures and fears that have beset them. High school programs must put a high priority on strengthening social skills and on skills related to jobs and independent living -- if young people are going to make it past a debilitating "now" into a real future.

  We need a strong commitment to these vulnerable young people; as one teacher said: "They need to know we will not give up on them." When they are placed in regular classrooms or in job training situations, there must be close follow-up. Programs for this age group are at the cutting edge between a non-future and a place in the world; we need them desperately.

  Get the facts together -- and bring them to the attention of your school board and your state director of special education. Organize other concerned parents, find out what commitments your local and state systems are now making for this population. In order to receive federal financial assistance for special education, every state must submit a plan to the federal government showing how they will meet the educational needs of disabled children. You have the right to comment on this plan -- even to have input about problems you are aware of before the plan is written. The office of the state director of special education can tell you what the timetable is for writing this plan, for holding hearings, and for submitting it to the federal government. These are vital pieces of information.

* Help to spread the word about model programs for disturbed children. There are excellent models that meet the needs of these long-rejected children. Write for information about programs described in this newsletter, and share it with other parents, teachers, and school officials.

These programs can help provide information on methods and approaches teachers need to learn -- and practice. It is widely recognized that there is a lack of teachers trained to work with emotionally disturbed children, adolescents, and their families. Almost no training exists at all for high school teachers of emotionally or behaviorally disordered children. This is a crucial target for parent groups: funds spent for teacher training will set the stage for change -- both in regular and special classes.

There are talented and caring teachers in every school system who have the potential to work with these children and their parents; programs of inservice training can give them the confidence and skills to do it. An exemplary program of inservice training to meet this need, which can provide a model for other systems, has been carried on for the past eight years in Montgomery County, Maryland. Its director, Stanley Fagan, points out that teaching emotionally disturbed children does not require a superperson (as many teachers fear), that many people are "naturals," already doing it, but need additional training.

P.L. 94-142 requires that states develop a comprehensive system of personnel development, showing how teacher training needs will be met. Find out, through your state's special education office, what plans are being made to train teachers to meet special needs.

* Work for interagency agreements. Cooperation among public agencies that have responsibilities for emotionally disturbed children is a must. We need strong ties between mental health and teaching professionals, a genuine commitment to work together, but the resistance is still strong. There are places where it's happening, where teachers and mental health workers are teaming together beautifully -- not with turf battles or disputes about who has the highest status -- but with a genuine sharing of understanding and on-the-spot action . . . to meet the mental health needs of children and to provide support for their families.

Right now, a national task force of educators and mental health practitioners is meeting to look at ways that these two groups can work together. The task force consists of representatives of the Bureau of Education for the Handicapped and the National Institute of Mental Health. They are expected to issue a national policy statement on major issues related to joint planning and action. The same kind of planning should be happening on the local and state scene.

* Build your own group to push for family support services in your community . . . to meet the stresses involved in living with and attempting to help a severely disturbed youngster. This kind of support often requires cooperative efforts by different agencies; an extremely helpful idea is to have a single helper -- "case manager" -- to act as a coordinator; to locate and bring together services that are

usually so hard to find. Unfortunately, this kind of worker is rare; parents or other family members must do it themselves.

Families often are in desperate need of relief from constant crises and 24-hour-a-day demands; they need someone to call any time of the day or night in case of emergency; they need to know about after-school recreation or social programs for their children; they are looking for practical advice on managing daily difficulties. Transportation can be an exhausting burden, lack of it can be a total block to program participation. For older children, parents must find vocational education, programs that prepare for independent living. If a family member needs counseling or other mental health services they may need help in locating them -- or paying for them.

Parents who have been through the mill can help other parents with some, possibly most, of these specific needs. The wish to be part of a group, to talk with and exchange ideas with others who have travelled the same road, has been expressed again and again. We must give every possible support to self-help groups of and for parents, which can not only provide relief and information but can also speak up with authority for improved community services.

At the core of what is needed is a humanism that perceives each individual with respect, and so gives each a fair chance to feel self-respect. Though there are still vast areas of need for research, knowledge of how to teach emotionally disturbed children and youth has grown; it's time to apply what we do know on a broad scale.

PREJUDICE IS A BARRIER

There are obstacles, formidable ones. The label itself -- emotionally disturbed -- is a tough one. The stigma is hard to overcome. Children go unhelped not only because of a lack of services but also because of reluctance to discuss the problem. But we can overcome the ignorance and prejudice that keeps the stigma alive. We can work for an understanding of the human problems that lie behind the label, and commit ourselves to providing resources that can help to relieve those problems.

IT TAKES DOLLARS TO PROVIDE PROGRAMS

There is considerable opposition to spending the tax dollars necessary to provide those resources. It's important to look at the question of costs -- and to deal with it in public debate. According to a detailed study quoted by the Bureau of Education for the Handicapped, the cost of an educational program for a seriously emotionally disturbed child is 2.83 times more expensive than a regular program. The National Center on Educational Statistic estimates that it will cost $1,665 per pupil in regular classes in 1979-80; this puts the average cost of educating an emotionally disturbed child at slightly over $3,000.

Although P.L. 94-142 authorizes the federal government to assist states in paying for these services, Congress has so far voted far less money than the law originally authorized. Leading advocacy organizations are calling on concerned citizens to urge their congressmen to increase funding for education of handicapped children.

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It should also be pointed out that the cost of public education for an emotionally handicapped child is well below the cost of private or public institutional care. Residential hospital programs range from $15,000 to $64,000 per year. Tax supported public school services can in most cases prevent institutionalization -- and the waste that is equated with an unproductive, empty life. State and local financing of appropriate school and mental health services is an investment that pays off for everyone.

New sums of money for education of handicapped children will flow from the federal government to states after October 1, 1979. States can receive their share, which will be an increase over preceding years, after their state special education plans are approved. As we mentioned earlier, parents should contact their state special education directors to find out when hearings will be held on their state plans. Get copies of your state plan (you have the right to see it and comment on it) and make sure that a full range of appropriate services for emotionally disturbed children is included.

DEINSTITUTIONALIZATION SHOULD NOT RESULT IN CUTTING OFF ESSENTIAL SERVICES

For those children and adolescents who must be hospitalized, even for a brief period, we face a host of interrelated problems. Institutions are closing, or are surviving with such limited budgets that services must be cut to the bone. What is happening as a result? Close attention must be paid . . . if we are not to end up by removing an essential lifeline for children who have no other source of help. Yes, institutional services must be monitored. Yes, treatment must be responsive and meaningful. But if dollars are removed and doors are closed (or the remaining services only skeletal and of low quality), what will happen to children who are in the most acute need? What is happening now?

In the rush to deinstitutionalize, we must be sure that we don't sacrifice the children who now have no other place to go. We need to look carefully at the resources that are available for this population and make sure that the hope for well-run public psychiatric hospital programs for those who need them doesn't go down the drain because of the appeal of slogans or rigid doctrines. One hospital, Metropolitan State, in Boston, Massachusetts, recently fought strong political opposition and won funding for its comprehensive services, including a first-rate school for severely disturbed children.

BACK-UP COMMUNITY SUPPORT MUST BE NOURISHED

Some children have no homes to return to. They need a place to live when they leave the hospital; group homes are an alternative, but we must define standards and meet them or they will be (as many are) "homes" in name only, repeating the dehumanizing pattern they were meant to replace.

The need for what is now known as a "community support system" becomes increasingly urgent for young adults with long-term mental illnesses who must have many kinds of help if they are to be released from dependency -- or saved from half-lives of street drifting.

A new program -- small, but full of exciting promises -- has been launched by the National Institute of Mental Health. Entitled the Community Support Program -- it is designed for mentally ill persons whose disabilities are severe and persistent, but for who long-term care is inappropriate. Under this program, state mental health agencies can contract with local agencies for demonstration projects.

The range of services provided by the community support program include: crisis stabilization in the least restrictive setting (with hospitalization available as needed); transitional living, socialization and vocational rehabilitation services; back-up support to families and friends; case-management to assure continuous availability of appropriate forms of assistance.

WE CAN DO IT!

This kind of program does not have to be pie in the sky. It requires consumer action, dedication and planning, bringing together people from many different agencies, raising the public consciousness to the work that must be done if we are to stop mindless neglect of human potential.

Probably the greatest obstacle to progress is the fragmentation of support. We need to build a strong core of activists for mental health services for children. Beginnings are being made, strong beginnings. Parents, professionals who care, others who abhor human neglect, all friends of human rights need to rally around the children who have been forgotten too long.

FOR MORE HELP AND INFORMATION CHECK THESE RESOURCES . . .

Behavioral Disorders, Journal of the Council for Children with Behavioral Disorders of the Council for Exceptional Children. To find out about subscribing to this journal, which includes many fascinating, timely discussions of programs for emotionally disturbed children, write to the Council for Children with Behavioral Disorders, 1920 Association Drive, Reston, Virginia 22091.

Conflict in the Classroom, The Education of Emotionally Disturbed Children (Third edition), Nicholas J. Long, William C. Morse, Ruth G. Newman. Wadsworth Publishing Company, Inc., Belmont, California 1976.

This outstanding volume, filled with articles by leaders in the field, provides a wide-ranging view of approaches to education of disturbed children. Parents, teachers, students and other interested readers can gain understanding of many different educational techniques -- and also a sense of the exciting promise and hope that exists in sensitive and responsive teaching of children with special emotional needs.

You Are Not Alone by Clara Claiborne Park with Leon N. Shapiro, M.D. Published by Little, Brown and Company, Boston, Massachusetts. A major source of information and knowledge about the kinds of therapies that are available, places to turn for help, practical suggestions for coping. The book does an excellent job of dispelling the mystery that surrounds emotional disturbance and is useful whether you are concerned about problems of living within the family, difficulties related to school and social adjustment, severe personal problems or mental illness. All ages are covered -- childhood, adolescence and adulthood.

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AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Keystone AEA 1 Learning Disabilities Guide; Prepared by Ann McCaw

PARENTAL INVOLVEMENT

Parental involvement in a handicapped child's educational program is mandated by P.L. 94-142. This means that parents are to be informed of their special rights at every stage of the referral, placement and programming for their child. Aside from legal requirements, it is just good educational practice to establish rapport and cooperation with parents. The following section discusses legal parameters as well as recommendations for ways to involve parents in the total educational process.

Identification and Referral

Initial referral --in the request for parental permission to individually evaluate a child, the following needs to be explained to the parents by the principal or AEA support personnel:

-- the evaluation (including testing) procedures to be used

-- why an evaluation is needed

-- what the evaluation hopes to accomplish

-- limitations of the evaluation

-- how the obtained data will be used

Participant in the Staffing:

1. Provisions must be made to notify parents that they have the right to examine all relevant records regarding the identification, evaluation and educational placement of the child.

2. Procedures must be instituted to communicate all correspondence and procedures in the parents' native language including the use of readers and interpreters if needed.

3. Parents should be advised that the schools have a responsibility to provide an appropriate education for their child.

4. Parents should be invited to be participants in all education planning meetings for their child.

5. After the child has been evaluated and an initial special placement has been recommended, the primary agent of the D & E staffing team or LEA Principal has the responsibility to notify the parents of:

   -- the results of the evaluation and the recommendation made

   -- the specific objectives to be achieved in the recommended placement

   -- why the recommended placement is the least restrictive learning setting for the child

-- the implications of the proposed placement, including the expected general educational achievements of the child and possible career goals

-- the alternative placements available to the child

-- that the placement decision will be reviewed periodically, at least annually

-- to obtain parental consent for the placement

6. Upon request, parents may be provided with a written copy of the placement recommendations and the specific education program proposed.

7. Parents should be informed of their right to obtain an independent evaluation of their child at public, LEA or AEA expense. The results of such evaluations are to be presented to the LEA, and/or AEA for review. In such instances, children will be referred to the Child Development Clinic, University of Iowa Hospitals, through the Director of Special Education, in association with the State P.L. 94-142 project. Any other independent evaluation at AEA expense must receive the prior written approval of the AEA Administrator or his designee.

8. Parents may be advised:

   -- to contact a local/state parents' group

   -- of the location of local/regional/state facilities that can conduct evaluations

9. If the parents indicate that they do not agree with the proposed placement, a genuine effort should be made by the LEA/AEA personnel to explain their position and to show the parents why the proposed placement is the best one for the child.

10. Parents must be informed of their right to a formal hearing if they contest the school's recommendations.

11. Parents may revoke their consent to the special placement at any time. The LEA, however, in behalf of the child, has the right to request a hearing to determine if the child should be initially evaluated or initially placed in absence of parental consent.

12. Specific Procedural Safeguards utilized in the State of Iowa are available upon request. Address all such requests to:

Director
Division of Special Education
Keystone Area Education Agency
R.R. #1, Box 330A
Elkader, Iowa 52043

13. Hearing -- parents have the right to request an impartial due process hearing to question the school district's identification, evaluation, or placement of their child's provision of a free appropriate public education. All requests for such Appeal Hearings should be addressed to:

Mr. Frank Vance
State Director Special Education
Grimes State Office Building
Des Moines, Iowa 50319

IEP Development

As a participant in placement in the Educational program and planning the Individualized Educational Program (I.E.P.)

1. Parent must be notified prior to any major change in the educational program of the child.

2. Written notification must be given to the parents a reasonable time before the LEA or AEA proposes or refuses to initiate or change the identification, evaluation, and placement of the child or the provision of a free appropriate public education of the child.

3. The child/parent has the right to a due process hearing if they do not agree with the educational program to which the child is being assigned, or if the child is denied an appropriate educational program or services.

4. Each local education agency must take steps to insure that one or both parents are present at the planning meeting or are afforded the opportunity to participate, including scheduling the meeting at a mutually agreed upon time and place. If neither parent can attend, the local education agency must use other methods to insure parent participation, including individual or conference telephone calls. Furthermore, the local education agency shall take whatever action is necessary to insure that the parent understands the proceedings, including making arrangements for interpreters for parents who are deaf or whose native language is other than English.

5. Planning conferences may be held without parents if:

    a. A parent furnishes a written waiver of both parents' right to participate, or

    b. The local education agency is unable to convince the parents that they should attend. In this case, the local education agency must have a record of its attempts to arrange a mutually agreed upon time and place, such as:

        (1) detailed records of telephone calls made or attempted and results of those calls,

(2) copies of correspondence sent to the parents and any responses received, and

(3) detailed records of visits made to the parents' home or place of employment and the results of those visits.

6. To encourage parent participation in the IEP planning session, the following suggestions can be provided to the parents before the meeting:

   a. Visit your child's classroom to observe your child in an instructional setting.

   b. Start a notebook listing your child's developmental and educational history.

   c. Talk to your child about his/her feelings towards school, subjects, classmates, and teachers.

   d. Keep records of your child's behavior at home such as responsibilities, favorite pastimes, dislikes, typical daily schedule, interaction with others.

   e. Make out a list of questions that you want to ask school personnel regarding your child's needs.

   f. Make a list of some thoughts to share at the IEP meeting regarding your child's needs and expectations.

   g. Make a list of suggestions that you might like to see written into your child's educational plan.

Taken from: Checklist for Parents, Midwest Regional Resource Center,
Drake University, Des Moines, Iowa 50311

Participant in the Annual Review:

Parents should be advised of the requirement for an Annual Review. At this time the parent should be up-dated on the student's progress on the goals and objectives of the IEP. This is an opportunity for parents to ask specific questions regarding length of service, appropriateness of objectives and expectations for future programming. The parent may wish to include certain objectives or ideas for the IEP.

Participant in the Three Year Re-evaluation:

Parents should be advised of the requirement for three year re-evaluation of special education students. The entire evaluation process and individual procedures involved in three year re-evaluations are subject to due process safeguards. Included in these requirements are parental notification, opportunity for challenge, and opportunity for an independent evaluation at the request of the parent(s) or guardian(s) of the child. Involvement of parents in the three year re-evaluation is similar to what is required for the initial staffing.

Additional Suggestions for Parental Involvement:

Parental involvement should be fostered through increasing contact with parents. The following are suggestions to consider:

- -- a scheduled parent visitation to aid understanding of the instructional process
- -- fostering a close communication through progress reports
- -- encouraging parents to attend local in-services
- -- initiating parent support groups to offer the opportunity for parents to share information
- -- suggesting attendance at state or national learning disability conventions
- -- encouraging parental involvement in the total school program
- -- promote parent-teacher relationships by including regular education teachers in conferences
- -- extend an invitation to become involved in providing classroom modification such as taping texts

Resources:

The following are resources to involve parents in the special education process:

Between Parent and School, Murray Happleman, M.D. and Paul Ackerman, M.D., The Dial Press, 1 Day Hammarskjold Plaza, New York, NY, 10017, 1977, 296 pages, $8.95.

For Parents Only . . . Practical Advice to Parents on Special Education, Midwest Regional Resource Center, Des Moines, Iowa, 1979, 39 pages, Available from Information Coordination Services, Mid-South Regional Resource Center, 131 Porter Building, University of Kentucky Research Foundation, Lexington, KY, 40506.

Parents and Educators: Partners in Individualized Education Program Planning for Handicapped Students. An In-service Training Package, Joyce Shaffer, Jane Bell and the Midwest Regional Resource Center, Des Moines, Iowa, 1978, 78 pages. Available from Information Coordination Services, Mid-South Regional Resource Center, 131 Porter Building, University of Kentucky Research Foundation, Lexington, KY, 40506.

Excerpts Taken From: Rules of Special Education, State of Iowa Department of Public Instruction, Grimes State Office Building, Des Moines, Iowa 50319

Special Education Manual, Division of Special Education, Keystone Area Education Agency, Elkader, Iowa 52043

AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Closer Look, Washington, D.C., Fall, 1979

WHAT SHOULD YOU LOOK FOR IN A PROGRAM FOR AN EMOTIONALLY DISTURBED CHILD?

If a special program has been recommended for your child, we strongly urge that you visit, spend some time observing, and most important, talk to teachers, the principal and other parents. It helps to chat informally with other people in the building, too . . . the cafeteria staff, the bus drivers, the secretary, the nurse. They can give you a sense of how the school runs and how the children feel about it.

Don't accept a placement simply because you are told that it's "for emotionally disturbed children." Labeling a class is as meaningless as labeling a child. You need to know what goals are being set for your child -- specific goals for his or her behavior change -- and what kinds of things are going to happen to help reach those goals.

Perhaps it has been recommended that your child be in a regular class part of the day (or all of the day) with specialized help to give her support in areas that are troublesome. Or you and the school may agree that your child needs to be in a special school with small classes, with a great deal of opportunity for individual attention. These are things that need to be decided before you sign the individualized eduation program -- IEP -- drawn up for your child. Your signature must be based on first-hand information. Check out the program!

What should you look for? The following is not an all-inclusive list of questions. We hope you'll use it as a guide -- not only to find a good program for your child, but to help monitor and create new programs for other children. These aren't things that are always easy to measure; you'll have to rely on your instincts and experience. Trust yourself. And ask questions -- not only before your child is placed but after, too. Your awareness can make the crucial difference.

What kind of vibes do you feel about the teachers? Do you get a sense of warmth, of connection with the children? Do you feel that the teachers know how to talk with kids -- communicate in ways that bring out feelings? Do they know how to listen?

We have talked to many different people -- parents and professionals -- about what they see as crucial elements in programs for children who are disturbed. Almost everyone put that single quality: warmth, on the top of their list. They included other related characteristics. One parent said: "The most important thing about a program is a caring teacher . . . whether it's in a regular class or a special class. The best have a calm about them. They're not afraid of children who seem to frighten everyone else. And they have a sense of humor."

It is difficult for disturbed children to trust, to believe that adults can really be relied on for support. It is essentially important that teachers have the ability to reach out, if they are going to build a secure base for learning. This means also that as caring adults, they will be able to intervene when necessary to control destructive behavior.

James Linde, an experienced and talented teacher of emotionally disturbed children now working at the Mideast Regional Resource Center in Washington, D.C. urges parents to ask teachers to tell them just what their philosophy of teaching is. Find out, he says, if classroom goals and limits are clearly set and shared with students so that there is a clear understanding of what is considered appropriate behavior. "This should not be inflexible," says Linde, "but responsive to individual needs and situations."

What happens when a child blows up? Are there skilled members of the staff who are capable of working with a child whose behavior has become unmanageable in the classroom?

Skill "crisis intervention" can make an enormous difference. If a child needs time-out because he's caught in an emotional storm, the crisis teacher should be able to stay with him, help him gain control until he's able to return to class, and when possible, lead him to a new understanding of what caused his blow-up and how he can cope more satisfactorily with frustration and anger.

The old style of dealing with difficult, disruptive behavior was to send the child to the principal's office -- or kick him out of school altogether. Crisis intervention makes it possible for a child to learn and to grow, to find out that there are better ways to deal with things that hurt.

A key quality to look for is the teacher's ability to acknowledge and accept feelings of disappointment and anger -- to share them as okay -- without accepting antisocial behavior.

Do you sense that the teacher can accept a child, even though the child's behavior is not acceptable? Is a teacher willing to "be human" -- express his own frustrations and disappointments too? By observing, and talking to the teacher and other parents, you should get an idea of the way these feelings are communicated.

Are social relationships -- learning to get along with others -- stressed as part of the curriculum?

Social interaction can be taught, and must be a recognized objective of a meaningful program. Interpersonal relationships are interlaced throughout the day; teachers have the job of using them to promote self-awareness, awareness of others, improved communication, assertiveness, handling of difficult, embarrassing situations, learning how to make friends. Planned and spontaneous activities are all part of a relevant curriculum.

At the Quander Road School in Alexandria, Virginia, a school for severely disturbed adolescents, a key concept is equating success with socialization, not with grades. "Even if they can't catch up academically," says James Sebben, the principal, "they can learn to get along with their peers and they can make it socially."

Skills of daily living and vocationally-related skills should be integrated into the program -- for any age child. It should be clear that the goal is to be self-reliant, independent and productive.

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Do the school's activities reflect an understanding of children's feelings? Is there an awareness of the need to build self-esteem? Are there messages that build confidence . . . for instance, that making mistakes is not bad, that we can admit them, that none of us is perfect? Is there an atmosphere of enthusiasm, of joy?

These are subtle things, not so easy to chart. But it's important to be sensitive to these qualities. Talk to teachers about how they approach these things. For example, if a child feels great stress during periods of change, the teacher can use the transition from teaching subtraction to multiplication in such a way that it handles both the math lesson and the need for a child to learn to deal with anxiety caused by challenges.

Are there times during the day -- both formal and unplanned -- for children and teachers to talk together about important questions and events, emotion-laden issues, problems, worries, values?

According to good teachers in this field, every aspect of the curriculum, everything that happens, offers an opportunity to clarify not only academic information -- but life issues that relate to emotional development. A fight on the playground during recess, for instance, may be a good reason to postpone a math lesson to talk about what happened and why. And academic subjects offer many opportunities to bring up real life problems.

Another extremely important point: There should be lots of reinforcement of success: experiences that give children the chance to show what they can do -- and feel rewarded, apappreciated -- and valued.

What kind of teamwork exists among the staff people who work with the children?

There should be regular opportunities for talking things over between teachers and other professionals -- psychologists, social workers, psychiatrists, remedial reading specialists, art therapists and others who are involved in the program. Even more than meeting on a formal basis, members of a closely knit, dedicated team give one another cues and insights about "what's going on" with individual kids. This kind of intuitive working relationship is a wonderful source of strength; it means ongoing support for each child, and gives teachers support when they feel down or discouraged. The principal of an excellent school program described such a group as having no "pecking order," but as being capable of working as a dedicated team.

Are parents accepted as allies in the school program?

Under 94-142, parents must be included in drawing up plans (IEPs) for their children's special education programs. It's essential that this really happen -- and not (as we know occurs all too often) be a mere formality, with parents signing off on plans already written. Parents must not only be involved in discussing proposed plans, pinpointing goals for learning and development, they must also be part of the team that is working together to help a child grow.

Parents of emotionally disturbed children have round-the-clock responsibility for caring and coping, teaching, training, managing. Their child's needs are not left behind at the school door. The steady flow of information between teachers and parents is one of the most important aspects of a good program. If a new therapeutic or teaching approach is being used, parents need to understand and follow through; both parents and teachers should have easy reporting channels, so that crises, changes, improvements, reactions, and insights are known to each other. They need to share hunches (as well as real evidence) that an approach is or isn't working, that another tack should be tried, or a goal modified. Parents have traditionally been seen only as needing understanding and help for themselves; however, for a child to make progress, parents must be included as respected colleagues in efforts to bring about healthy change.

In addition, parents need all the information they can get: how to manage crises, how to communicate effectively, how to find resources in the community -- recreation, social clubs, transportation for their children. Most parents express a tremendous need for practical, sensible advice. Schools need to foster opportunities for parents to exchange information and support, as well as individual counseling as needed, to strengthen their ability to cope.

Does the Individualized Education Program (IEP) drawn up for each child reflect specific and relevant goals for change?

An IEP for a child who is emotionally disturbed, as for all children, should cover specific learning objectives in areas of intellectual, physical and emotional development. There is no one single formula for a quality program for an emotionally disturbed child, no one technique that works like magic. A good program must be built by tailoring approaches to indepth knowledge of the child.

William B. Morse, of the University of Michigan, a giant in the field of education for emotionally disturbed children, exhorts us to scan every part of a child's life . . . cognitive, emotional, environmental, for his assets and limitations. We need to ask enough questions to give us a picture that has meaning, that points to what really neds to be done (or tried). Dr. Morse warns against going off in irrelevant directions or repeating interventions that are already failing.

If an IEP is to be meaningful, we need to be astute about many facets of a child's world . . . and listen with sensitivity to a wide orbit of people who really know the child well, including the child. The "scanning" Dr. Morse refers to covers a great many questions, including: What's the state of the child's emotional life? What is the quality of his hope? What's his self concept? How does he view his future? How much empathic quality does he have? What is his image of an adequate person? What is his capacity to trust? What are his physical needs? What behavior is vexing people now? What are the griefs most people see (including the child)?

Goals in an IEP must make sense, be reasonable, and really relevant. It's important to separate immediate emergency action from long-range efforts. It doesn't make sense, for instance, to put highest priority on reaching a new reading level when a child is in an emotional turmoil about an acute family crisis. Steps that are planned to meet goals should be seen as joint efforts -- with school and home working together to the greatest extent possible.

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In developing an IEP it's important to work toward goals that will (when reached) enhance a child's capacity to make it in a less restrictive environment . . . with more time in the regular classroom with his peers. This requires a high level of sensitivity to a child's present needs -- and where he's going.

This is not a comprehensive statement, by any means. As you try to find appropriate programs, you probably will be faced by different schools of thought and technical terms about specific teaching methods. One basic rule: Always ask for an explanation, in terms of people, not in jargon. After all, help is needed by children, not illnesses. We have tried to emphasize the human approaches that you should look for, no matter what educational technique is being practiced. Some of the books listed on page 10 can give you a lot of information about different ways that children can be helped by constructive approaches in schools and in the community.

AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Midwest Regional Resource Center

PARENTS ARE VERY IMPORTANT PEOPLE...

You Know Your Child Better Than Anyone Else!

YOU HAVE AN IMPORTANT ROLE IN PLANNING YOUR CHILD'S EDUCATION. AS A PARENT, YOU ARE A MEMBER OF A TEAM RESPONSIBLE FOR PLANNING YOUR CHILD'S INDIVIDUALIZED EDUCATION PROGRAM or IEP.

WHAT Is An IEP?

AN IEP IS A PLAN WRITTEN BY A TEAM OF PEOPLE THAT STATES WHAT WILL BE PROVIDED FOR YOUR CHILD AT SCHOOL. THE PLAN WILL INCLUDE:

* What your child has accomplished to date in school
* What your child will accomplish by the end of school year
* Services that will be provided for your child
* Who will work with your child
* Where and when services will be provided
* A plan to evaluate your child's progress

WHO SHOULD BE AT THE MEETING TO WRITE THE IEP?

* YOU
* Your child's teacher(s)
* School administrator
* Testing evaluator (if this is the first time your child has been tested)
* And, if appropriate: your child, a counselor, a nurse, a speech therapist, an occupational therapist, a social worker and even a personal friend.

WHAT HAPPENS AT THE MEETING TO WRITE THE IEP?

You and other members of the team share information about your child's needs. Using this information, the team writes year long goals and short term objectives. These are the team's best estimate of what your child will accomplish. The team then lists the services and personnel that will help your child reach these goals and objectives.

HOW OFTEN DOES THE TEAM MEET?

AFTER the team writes the IEP, they must meet at least once a year to review it.

WHERE ARE THE MEETINGS HELD?

The meetings are usually held at school, but arrangements may be made to meet somewhere else, such as your home.

Midwest Regional Resource Center,
Drake University, Des Moines, IA 50311

This project has been funded at least in part with Federal funds from the Department of Health, Education and Welfare under contract number 300-78-0023. The contents of this publication do not necessarily reflect the views or policies of the Department of Health, Education and Welfare, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Government.

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AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Midwest Regional Resource Center

Developed by

Midwest Regional Resource Center
Drake University
Des Moines, Iowa 50311

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Checklist for Parents.

Before the IEP meeting

AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Midwest Regional Resource Center

☐ Visit your child's classroom to observe your child in an instructional setting.

☐ Start a notebook listing your child's developmental and educational history.

☐ Talk to your child about his/her feelings towards school, subjects, classmates, and teachers.

☐ Keep records of your child's behavior at home such as responsibilities, favorite pastimes, dislikes, typical daily schedule, interaction with others.

☐ Make out a list of questions that you want to ask school personnel regarding your child's needs.

☐ Make a list of some thoughts to share at the IEP meeting regarding your child's needs and expectations.

☐ Make a list of suggestions that you might like to see written into your child's educational plan.

AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Adapted from Working With Families

NEWSLETTER

A newsletter is a good strategy because it demonstrates an openness and willingness to share on the part of the staff. It insures that all parents are informed of school interests and activities and may be an effective link with parents who do not wish to be more actively involved in the program. In addition, the newsletter can be an effective public relations tool. Include in your mailing list the names of school administrators, school board members, other agencies, and political figures. A well-planned newsletter with varied content might include such information as:

Reports of children's learning experiences, opportunities for parent and staff inservicing announcements of group meetings, and special activities of the school.

Suggestions for helping children at home and printed instructions for making inexpensive teaching materials.

Facts concerning community services and organizations for families and discussions of local, state, and national issues related to behavioral disordered children.

A "Meet the Staff" section to introduce parents to the persons working with their children.

Recognition and thanks for parents' contributions and efforts to the school program.

Descriptions of specific tasks that require the assistance of volunteer workers.

Descriptions of books and materials available in a lending library as a way of encouraging the use of such a service.

A "Parent Exchange" section to help families locate others interested in exchanging services (child care or transportation) or goods (outgrown clothing and toys).

GUIDELINES

Select content carefully and on the basis of the needs and interests of the readers.

Mention children by first name or initials only. Families usually enjoy specific references to their own children.

In gathering articles to give suggestions for helping children at home, solicit parent and staff contributions, or adapt ideas from published materials.

Keep it simple. Do not write down to parents, but do not over-use technical language.

Make the newsletter a team effort. Give parents and all levels of staff the opportunity to suggest topics, write, edit, type, duplicate or help circulate the newsletter. Designating one parent or staff member for coordination of content and distribution may be efficient, but the newsletter should not be the total responsibility of one staff member or parent.

AREA: Informing and Involving parents
LEVEL: PIJS

HOME VISITS

Home visits may be either a regular component of your program or an auxiliary strategy. They may be made to:

1. Establish rapport.
2. Secure or provide information.
3. Help with problem solving.
4. Provide specific training.
5. Arrange referrals.

Home vists can have a number of unique benefits. They may:

1. Provide a setting for parent-staff interaction which may make the parents more comfortable since it is in their own domain.
2. Permit the staff member to assess more adequately the needs and resources of the family.
3. Give tangible eivdence of "reaching out" to the family.
4. Provide opportunity for staff interaction with various members of the family.

GUIDELINES

Prepare for the visit by having your purpose in mind.

Give the family a brief interpretation of your purpose when the appointment is made.

Avoid accepting the prejudices of others; go with an open mind.

Be prompt and make the first visit brief.

Reiterate the nature of your visit upon arrival.

Speak to all present in the room.

Offer to come at another time if your arrival appears to be inconvenient.

Begin with positives about the child.

Show your interest by listening to the family's concerns.

Help parents see their own strengths.

Respect their privacy - don't bombard them with questions.

Avoid negatives about the child in his presence.

Model good relationship to the child; parents learn through observing.

Remember the purpose of your visit, but be flexible about other areas of concern.

Through observation and interaction during home visits, a staff member may make some of the following assessments about the family:

Expectations of the child's abilities.

Methods of Discipline in the home.

Energy level and motivation to effect change.

Creativity and resourcefulness.

Ability to follow through on directions.

Meaningful reinforcers (tangible, tokens, or praise).

Resources available - educational, material and cultural.

ADDITIONAL RESOURCES

Giesey, R. (Ed.) A Guide for Home Visitors. Nashville, Tenn.: DARCEE, George Peabody College, 1970. (122 pp.)

This is a manual for home visitors giving basic background information needed by home visitors and "how to" guidance. Developed for para-professionals working with low-income families.

AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Submitted by Patricia Wells, ED Consultant, Keystone AEA #1

PARENT HANDBOOK

A printed handbook is a valuable and tangible indication of your efforts to include parents in your program. It allows you to offer each family all the necessary information regarding the program and provides each family with a written reference to help them answer questions that may arise at a later date. See also "Working Together".

The Parent Handbook might include the following information:

Program orientation

Daily schedule

Transportation

School policies

Parent-staff conferences

Parent meeting schedule

Forms used in program

Staff directory

Training opportunities

Volunteer opportunities

Resources

GUIDELINES

Involve parents in planning the contents of the handbook.

Encourage parents to help with writing, typing, and editing of handbook.

Circulate handbooks either before or soon after child's enrollment in the program.

Discuss the contents of the handbook with parents. Verbal as well as written presentations of information are needed since some parents don't read, and others need to refresh their memories.

Distribute handbooks to agencies in the community that may make referrals to your program.

Keep the handbook updated and revised.

Use illustrations if possible to keep interest high.

AREA: Informing and Involving Parents
LEVEL: PIJS
SOURCE: Adapted from Working With Families

FAMILY MEMBERS AS VOLUNTEERS

Many family members, including parents, grandparents, brothers and sisters, can participate in a child's training program. Their contributions should be encouraged at all levels. Family input in planning programs and forming policies is essential. Their assistance in teaching and helping implement the program will also enable them to become enthusiastic and knowledgeable advocates.

WHY HAVE A FAMILY VOLUNTEER PROGRAM?

Families usually want to work toward providing the best possible program for their child's development; their assistance can expand the school's services.

Research indicates that parents can be good teachers.

Prescriptive educational programs emphasize individualized teaching and therefore offer numerous opportunities for one-to-one assistance with children.

A volunteer program can expand or enrich the activities or experiences available in a school setting.

A positive experience as a volunteer can give families increased confidence in training their own child.

Volunteering can stimulate new career interests.

GUIDELINES

PLAN AHEAD - BEFORE RECRUITING VOLUNTEERS.

Involve parents and staff in determining volunteer opportunities. Those who believe a volunteer program will be helpful are more likely to work hard to make the volunteer program successful.

Make sure that there is a wide range of volunteer opportunities so that varied skills and interests can be accommodated.

With staff and families: establish procedures for volunteer recruitment, define which tasks volunteers may do and which tasks will be staff responsibility, decide how volunteers will be supervised. Recruit volunteers carefully.

Use a newsletter, parent meetings, etc. to inform families of volunteer opportunities.

Find out what families are interested in doing and what special skills they have.

ASSIGN VOLUNTEERS TO SPECIFIC RESPONSIBILITIES

Make sure assignments fit both the needs of the program and skills and interests of the volunteer. Involve the volunteer in choice of assignment if possible.

ORIENT AND TRAIN VOLUNTEERS SO THEY CAN FEEL HELPFUL AND SUCCESSFUL

Give them a chance to observe the classroom. If they are to work with the children, this is helpful training. If they are to work in other areas, this lets them know that they are important in helping fulfill the primary function of the school.

Provide a simple handbook with such information as volunteer schedules, school hours and holidays, what to do if volunteer will be absent, location of lounges, grievance procedures for volunteers, etc.

Classroom volunteers need different - and sometimes more - training than volunteers in other areas. All volunteers should be assigned tasks in a growth sequence that will ensure their success.

MAINTAIN THE VOLUNTEER PROGRAM

The task of staff and volunteer coordinator is to see that volunteers are not merely used, but that their experience is a meaningful one.

Give volunteers adequate supervision and opportunity for feedback. They may need a great deal of help at first. Later, just having access to supervision may be sufficient. Make sure there are planned times for volunteers to meet with staff, other volunteers, and/or supervisors to discuss procedures, new ideas, and concerns. Encourage evaluation of the volunteer program through use of questionnaires and suggestion boxes.

Reward volunteer contributins.

The most significant reward is satisfaction with the task. Provide a way to change assignments if volunteers discover they are dissatisfied with their work.

Publicize volunteer contributions in a class newsletter or local newspaper.

Consider holding awards dinners and sending thank-you letters and certificates.

Encourage staff to express frequently their appreciation to volunteers.

OPPORTUNITIES FOR FAMILY VOLUNTEERS

Make presentations to community groups about the special program.

Make special presentations to the children about family members' own interests or professions. (For example, a carpenter may show the children how to build a doghouse.)

Help with objective behavioral counting.

Provide transportation or babysitting services for other parents who are observing classroom activities or teaching children.

Staff lending library of books and teaching materials.

Make instructional materials, bulletin boards or decorate the classroom.

Write, type, edit a newsletter.

Greet class visitors and interpret the program to observers.

Assist on field trips or during special parties for the children.

Solicit funds or materials for improvement of the program; coordinate fund-raising projects.

Tutor children.

Coordinate the volunteer program.

Assist with a recreation program.

AREA: Informing and Involving Parents
LEVEL: PIJ
SOURCE: Chapel Hill Training Out Reach Project

HOME ACTIVITY SHEETS

The home activity sheet is a one-page weekly or biweekly report to parents that serves as a continuous, simple progress report and also gives guidance for home activities that support and heighten the child's learning. Each home activity sheet should include (1) skills the child has mastered, (2) concepts or skills the child is presently learning, and (3) home follow-up ideas.

When using home activity sheets it is helpful to:

Involve family in decision of how to use home activity sheets. Teamwork assures greater interest and follow through.

Keep a record of the activity sheets given to families.

Plan for regular feedback between you and parents by written comments, record sheets, or personal contact.

Inform parents of their contribution to the child's progress. Show appreciation for their efforts.

TEACHER MADE ACTIVITY SHEETS

Individualized sheets may be written for each child by the teacher or other staff members working with the child. Such activity sheets permit the recognition of differences in parents as well as children. Parents' motivation, skills and time can be considered in the preparation of the sheets and thus assure greater effectiveness.

GUIDELINES

Be practical. Suggest the kind and number of activities that are easy for the family to do within the normal daily routine.

Suggest activities at which you know the child and family are likely to be successful, so that they will be rewarded for their effort.

Be careful to suggest tasks that are at or approaching mastery level. Do not expect parents to teach new or difficult concepts.

Use words that the family can easily understand. Give examples whenever possible.

If there are other children in the family, try to suggest some activities that they can enjoy as well.

The teacher may take responsibility for home activity sheets, but teacher assistants, speech therapists, physical therapists, or others working directly with the child should be encouraged to have input.

PRINTED ACTIVITY SHEETS

Commercially produced activity sheets may be used effectively. Such sheets may give specific instructions and suggestions for home use. Prepared materials of this type can give detailed information and avoid the the time consuming, repetitive preparation of sheets by the staff.

SAMPLE OF TEACHER-MADE HOME ACTIVITY SHEETS

Date: May 17, 1975

This week Alicia has been working on . . .

1. Writing
2. Jumping, kicking
3. The numbers 1 and 2

Alicia can do these things:

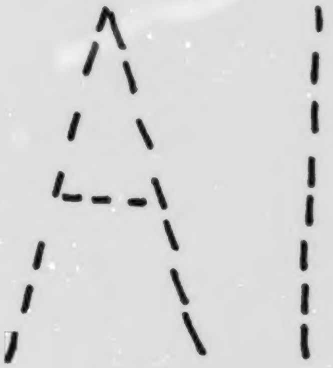
1. Alicia can trace the letters - Al

2. She can jump down from a step one foot high

3. She can kick a large ball
4. She can count one object. She is beginning number 2.

Here are some activities to try at home with Alicia.

1. Make letters Al 2" high for her to trace.



2. Have her step up on stool or other object close to the floor (10" to 12") and jump down by herself.

3. Roll a large ball to her and ask her to "kick the ball."

4. Ask Alicia to "point to one" object, or "give me one" object. (Examples: one book, one cup.)

AREA: Communicating With Parents
LEVEL: PIJS
SOURCE: Adapted from "The Helping Interview", Houghton-Mifflin Co., 1969

INTERVIEWING

An interview is a serious and purposeful conversation between two or more people. The prime goal is to help the interviewee. Help is an enabling act . . . enabling the interviewee to recognize, to feel, to know, to decide, and to choose his own course of action. The interviewer must give his time, his capacity to listen and to understand, his skill, his knowledge, and his interest.

. . . .

DO be cordial and receptive.

DO create a setting conducive to establishing a good relationship. Chairs that face each other convey a feeling of openness and equality. A desk can be a barrier to communication.

DO employ open-ended, lead-in questions as a means of allowing the interviewee to begin at his own starting point. Take your cues from that point.

DO be aware of body language. Neatness of dress, posture, and facial expressions all send messages concerning what you and the interviewee really think and feel about the situation.

DO return to central themes or problems of the interview. This can be done by the use of an open-ended restatement. "You mentioned that you are not sure that James should be in this class . . ."

DO move into the interviewee's internal frame of reference - help him tell you how he genuinely feels about the situation.

DO use silence when appropriate. In effect you will be saying, "I am waiting and giving you time to develop your ideas more clearly."

DO be supportive. Reinforce the interviewee by letting him know that his thoughts, feelings, and opinions are important.

DO be emphathetic. Be natural. Be yourself.

DO repeat some of the interviewee's phrases exactly in order to explore more fully thoughts or feelings that the interviewee has begun to express.

DO ask direct questions in order to obtain specific information about the situation.

DO assume an appropriate share of the responsibility in carrying out agreed-upon goals.

DO be honest. Do not be afraid of admitting that you do not know.

DO demonstrate that you believe in the interviewee's capacity to use his own resources.

DO make the tasks to be accomplished a joint effort.

DO refer to other resources when appropriate.

DO summarize the highlights of the interview with emphasis on the explicit action each will take in meeting the mutually-agreed upon goals. Preferably, the interviewee states his part in the action and the interviewer states his part. This confirms with clarity the contact between you.

DO make a definite statement of the plans for your next meeting.

DO be sincerely interested. Every word, gesture and mannerism sends the message.

DON'T be unfriendly or indifferent. The setting for the interview should be conducive to the creation of a warm and friendly atmosphere.

DON'T interrupt. In addition to its rudeness, this cuts off the interviewee's thoughts.

DON'T ask a question beginning with "why". This puts the interviewee on the defensive.

DON'T intimidate or threaten. This confirms the lack of respect for the interviewee and tells him that you see yourself as the authority.

DON'T ridicule or be sarcastic. This hardly enables the interviewee to be anything but angry with you, and justifiably so.

DON'T use cliches. They usually do not convey sincerity.

DON'T show disbelief. You are questioning the validity of the interviewee's statement.

DON'T ask two questions at once. The interviewee will not know which one to answer.

DON'T use leading questions. Try to use questions which avoid getting the interviewee on the defensive or putting words in her mouth.

DON'T convey the idea that the interviewee's ideas and thoughts are unimportant by rejecting them.

DON'T scold.

DON'T tell the interviewee what to do. Instead, help the interviewee arrive at his own decisions.

DON'T use a double question. "Now is there something else, or can we talk about it when you come back some time to observe the class?" This places the interviewee in an "either-or" position.

DON'T avoid the reality of the situation as the interviewee sees it. That is why he came to you in the first place.

DON'T allow other things to seem more important than the interview that you are engaged in at the moment. If you do, you are telling the interviewee that you are not really interested in him.

ADDITIONAL RESOURCES

Kroth, Roger. Facilitating education progress by improving parent conferences. Focus on Exceptional Children, 1972, 4(7), 1-10. (Love Publishing Co., 6635 E. Villanova Place, Denver, Colorado, 80222.)

Pickens, Charlotte. Tips for Teachers on School Parent Communication. Pamphlet published by Magnolia School District, West Side School, P.O. Box 428, Magnolia, Arkansas, 71753. $2.00 per copy.

Komatos, T.C. and Jarvis, G.M. Parent-Teacher Conferences. Pamphlet. Priority Innovations, Inc., P.O. Box 792, Skokie, Illinois, 60076.

Jenkins, Gladys G., Shacter, Helen S., Ph.D., Bauer, William W., M.D. "Teachers and Parents Work Together", These Are Your Children, Chapter 19, pages 302-317, "Guide for Parent-Teacher Conferences", pages 332-335. Scott, Forsman and Company, Dallas, Texas, 1966. Third Edition.

National School Public Relations Association and Association for Classroom Teachers, National Education Association. Conference Time for Teachers and Parents. Washington, D.C.: NSPRA, 1973. 36 p.

National School Public Relations Association and Association for Classroom Teachers, National Education Association. Working with Parents, A Guide for Classroom Teachers and Other Educators. Washington, D.C.: NSPRA, 1968. 40 p.

(NSPRA pamphlets can be ordered from the association at 1201 Sixteenth Street, N.W., Washington, D.C. 20036. Single copies, $1.25 and $2.00.)

AREA: Communicating with Parents
LEVEL: PIJS
SOURCE: Submitted by Patricia Wells, ED Consultant, Keystone AEA #1

EMOTIONAL DISABILITIES PROGRAMMING
PRELIMINARY STUDENT INFORMATION

Student's Name ______________________________ Date ____________________

(To be obtained confidentially from parent/guardian prior to special class placement.)

1. What are your goals for your child?

2. What types of discipline measures work best with your child? What measures cause inappropriate behavior?

3. What does your child do that requires discipline?

4. What do you appreciate most about your child?

5. What are your child's special interests?

6. What family relatives does your child see on a frequent basis?

7. What activities does your family do together?

8. What meals does your family eat together?

9. What television shows does your child watch?

10. What time does your child go to bed?

11. Does your child have a problem urinating or soiling his/her pants?

12. Additional comments:

AREA: Communicating with Parents
LEVEL: PIJS
SOURCE: University of Missouri Child Study Clinic. Guidelines to structure parent interview. Useful during diagnostic stages. See also "Interviewing" for more suggestions.

PARENT INTERVIEW

This instrument is to be used only as a guide for the purpose of obtaining information about the child's physical, social, and emotional environment that may be helpful in diagnosing his difficulties.

1. What seems to be the nature of the child's difficulty?

   What do you think might be the cause?

   Are you presently doing anything to remedy the situation?

2. In what way would you like for him to improve?

3. Are there any home or other environmental conditions that make for worries, uncertainties or tensions in the child?

4. What disciplinary measures are used at home?

   Who administers them?

   Is the discipline consistent?

5. What does ______________________ do that makes you proud?

6. What would you like him to be as an adult?

7. Who are his friends?

   With whom does he play after school?

   Are they his age?

8. Does he get along with his friends?

   Would you consider him a leader or a follower?

   Do his friends enjoy him or do they merely tolerate him?

9. Does he get along with his brothers and sisters?

10. Does he show independence, or does he depend on others?

11. Does he need constant prodding, or does he go ahead, using his own initiative?

12. How does he go about getting or doing what he wants?

    Diplomatic maneuver, take forcibly, buy his favors or tease.

When he can't get what he wants, does he sulk, pretend disinterest, take it out on someone else, or accept it with good grace?

13. Does he have any nervous habits? (biting nails, twitching face, neck or shoulders)

14. Does he cry easily?

15. Does he wet the bed, use childish speech patterns? Cry to get his way?

16. Does he have temper tantrums?

17. Does he have frequent nightmares?

18. Is he inclined to daydream?

19. Does his self-confidence need to be bolstered?

20. Does he talk about school at home? Does he have any homework?

21. Does he feel that he is able to do the work required at school? Does he think he could do a better job?

22. Are there any reasons in which he says he's "dumb"?

23. In what areas is he comfortably confident? Are there areas that he strongly dislikes?

24. Is there any other information that you think is pertinent which might be helpful?

AREA: Communicating With Parents
LEVEL: PIJS

INDIVIDUAL CONFERENCES, DO'S AND DONT'S

Staff conferences with individual family members provide a time for information exchange and shared problem-solving. Individual conferences are usually pre-arranged and less spontaneous than informal contacts. They do, however, allow for some flexibility. Conferences can be held at school or in the family's home at any time convenient to both family and staff member. The content of conferences can be kept confidential and specific to individual needs. Conferences offer a valuable addition to written feedback on the child's progress and an opportunity to provide suggestions for home follow-up.

INFORMATION-SHARING CONFERENCES

GUIDELINES

Hold conferences on a regular basis and whenever requested by parent or staff. Regularly scheduled conferences minimize the necessity for "crisis" conferences.

Ideally, a first parent-teacher conference would be at intake. This would permit the teacher to hear of parents' concerns and expectations regarding child's placement.

A conference two to three weeks after a child's enrollment enables a teacher to gain valuable information about the child's likes, dislikes, behavior, reactions to school observed at home, etc. Parents appreciate the teacher who displays interest in learning about each child as an individual. It also permits the teacher the opportunity to discuss specific objectives with families.

Each subsequent conference should focus on progress reports and result in further information sharing.

A year-end or term conference should lend itself to evaluation of the individual educational plan by both parent and teacher. Plans for the next year should be discussed. If a new placement is possible, information about it should be shared.

Prepare for a conference. Gather relevant material such as the child's best results examples of his classwork, and information on other resources needed by the family. Plan your objectives for the conference, but be flexible if the family indicates a different kind of need.

Work for improvement of your interviewing skills. (See "DO's" and "DON'Ts" of interviewing)

PROBLEM-SOLVING CONFERENCES

Families sometimes ask the school staff for help in solving their child management or family interaction problems. Most staffs are not made up of mental health professionals, but many problems do not require this type of intervention. You can help families come to their own decisions about coping with these problems or you can help them contact other community service agencies. A shared problem-solving approach, whether initiated by staff or parents, utilizes the abilities and the positive characteristics of all involved.

GUIDELINES

1. DEFINE THE PROBLEM

Open the interview in a way that encourages mutual problem-solving activities. if the parent requested the conference, you might use a question to elicit clarification of their concerns. If you requested the conference, state why you wished to meet. "As mentioned on the phone . . . "

Determine in which location the problem is most evident. Home and school are quite different. A child may have a problem in one area that is not evident in another. Location of the problem is important only in how it affects intervention.

Clarify, for the parent, those problems with which you can or cannot be of help. For example: "None of our staff members are trained marriage counselors, but I have a list of counselors in this county and will be glad to help you locate one."

Help the parent define child management problems in specific behavioral terms. "When Jimmy has these temper tantrums at home, Mrs. Smith, what does he actually do?"

"What does the rest of the family do when Jimmy cries and bangs his head?"

"You would like to reduce the time Jimmy spends crying?" (Possible objective.)

"You would like to learn about the ways the teachers react to discipline problems in the classroom?" (Possible objective.)

2. CLARIFY ALTERNATIVES

Discover and examine all alternative solutions. Discuss previously tried solutions and the outcome. Determine new approaches to be tried.

Explore possible results of each alternative. Examine each option to see if it will work or if it will create new problems.

3. DEVELOP A PLAN OF ACTION (INTERVENTION)

Determine if collection of data is indicated. Decide on how, when and by whom this will be done.

Based on alternatives discussed, decide with the parent which plan of action will be implemented. Clarify what the parent will do and what you will do.

Demonstrate for parent any methods of intervention to be used. Encourage the parent to demonstrate them for you. Clarify any confusion which may be present.

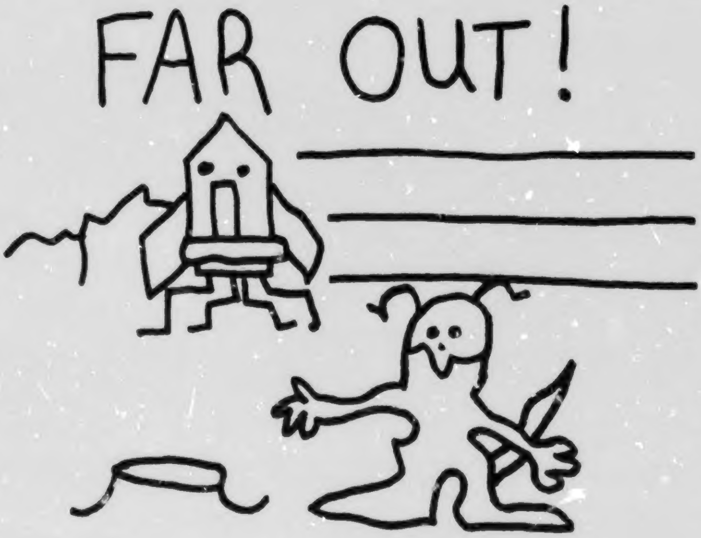
Plan for feed-back and subsequent contact. Plans for problem-solving should be re-evaluated for effectiveness. Make plans to maintain contact by phone or by conference.

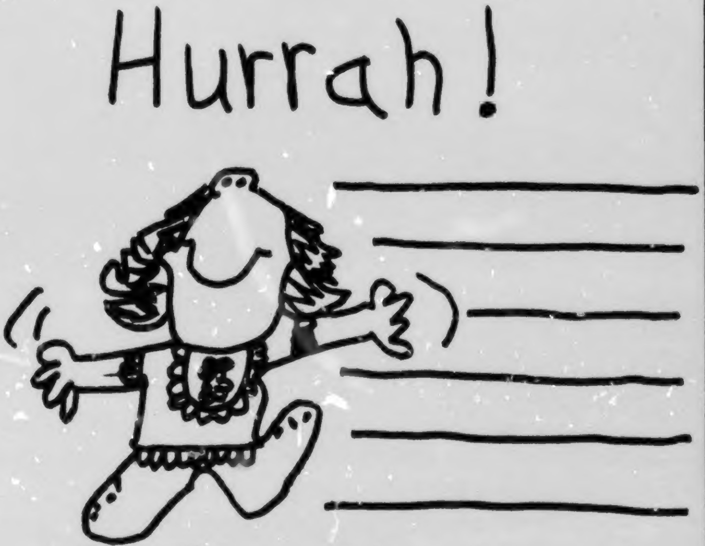
End the interview in a warm, positive manner. Indicate your confidence that the problem will be solved.

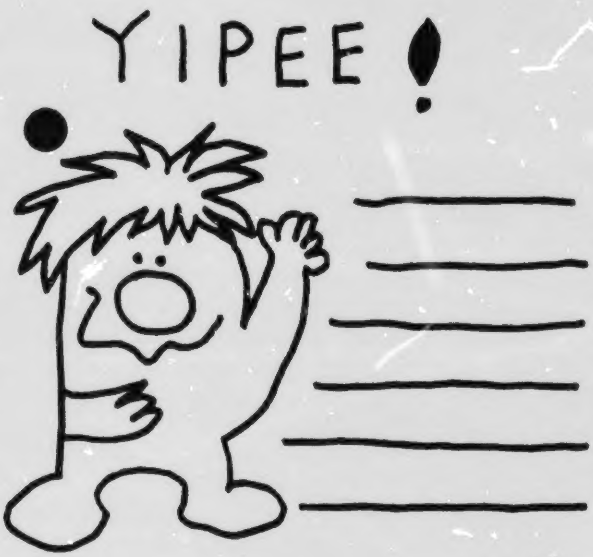
Follow-through. Maintain contact until the problem is under control, making changes in the program when necessary. Reinforce parents' efforts and achievements.

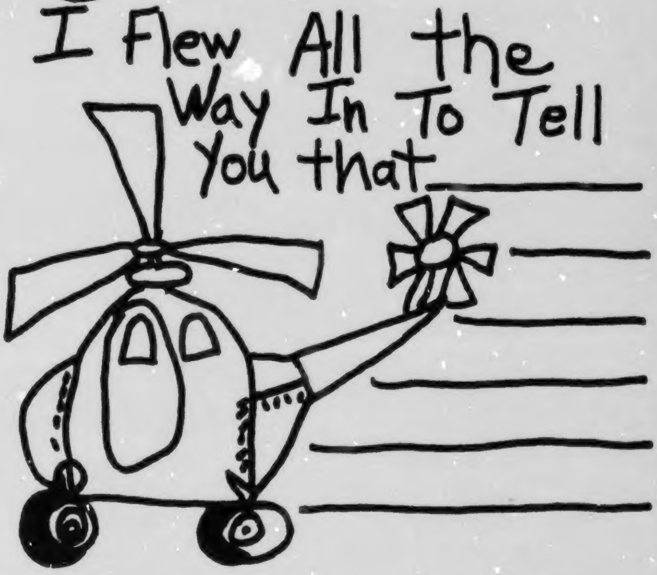
AREA: Communicating With Parents
LEVEL: PI
SOURCE: Esther Wellner, Dubuque Teacher
PROCEDURE: Parent Notes to share progress toward behavioral and academic goals

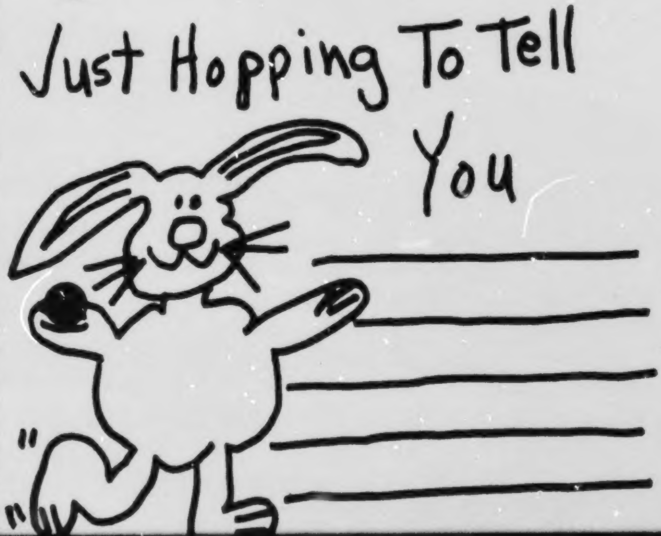
"Something good happened today"

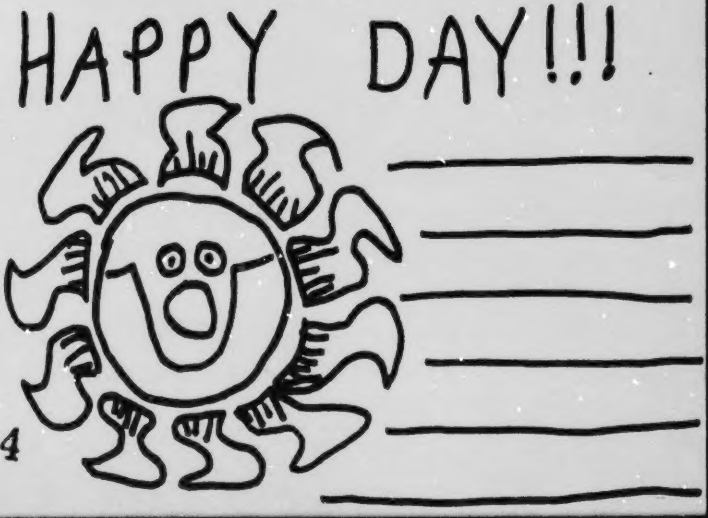







I Flew All the Way In To Tell You that


Just Hopping To Tell You



AREA: Communicating With Parents
LEVEL: PIJ

TABLE MOUND SCHOOL
100 Tower Drive
Dubuque, Iowa 52001

Phone: 557-2729

"A NOTE ON YOUR CHILD'S PROGRESS"

STUDENT'S NAME ______________________________ DATE ____________________

COMMENTS:

HOW YOU CAN HELP:

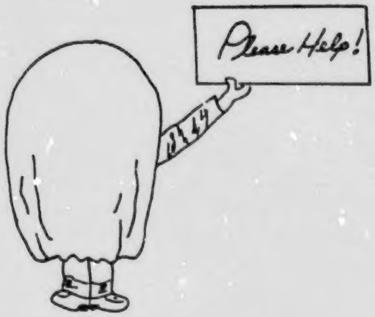
TEACHER: ____________________

* *

COMMENTS: (Please detach and return to your child's teacher)

PARENT: ____________________

AREA: Communicating With Parents
LEVEL: PI
SOURCE: Nancy Ingvolstad, Dubuque Teacher


Please Help!

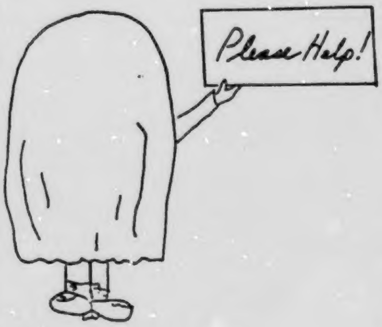
____
Date

Dear Parents,

I feel that it is necessary to inform you that __________ has not completed _______ assignment for ________________ even though ample time has been given to complete the assigned work. Please see that the assignment is completed tonight and returned to me with this note tomorrow. Thank you!

Parent's Signature ____________________

Parent's Signature ____________________


Please Help!

____
Date

Dear Parents,

I feel that it is necessary to inform you that __________ has not completed _______ assignment for ________________ even though ample time has been given to complete the assigned work. Please see that the assignment is completed tonight and returned to me with this note tomorrow. Thank you!

Parent's Signature ____________________

Parent's Signature ____________________

AREA: Home-School Planning & Monitoring
SOURCE: Journal of Applied Behavioral Analysis, Vol. 2, No. 4, 1969.
NOTE: Some pertinent concerns are expressed about the generalization of training efforts in only one are of child's environment.

SETTING GENERALITY: SOME SPECIFIC AND CENERAL EFFECTS OF CHILD BEHAVIOR THERAPY[1]

Robert G. Wahler
The University of Tennessee

The present study attempted to assess experimentally, functional relationships between home and school settings. Two children, both considered deviant in their homes and in their schools, were observed in both settings. The observations revealed that the children's deviant behaviors at home were quite similar to their deviant behaviors at school. Contingency operations were then performed in the children's homes. Results showed that the children's behavior changed predicatably in the homes and remained at baseline level in school.

Deviant and normal child behavior can be modified if its environmental contingencies are appropriately modified. Within the last few years, this contention has received considerable support. Evidence is available to show that reinforcement contingencies provided by the behavior of parents, teachers, and other children can modify or support a variety of deviant and normal child behaviors (e.g., Patterson, Ray, and Shaw, 1969; Thomas, Becker, and Armstrong, 1968; Wahler, 1967).

One implication of these findings concerns the specificity of child behavior. If a child's behavior is a principal function of its short-term environmental consequences and antecedents, one could argue that the behavior is situation-specific. That is, the child's behavior in various settings should conform to the contingencies present, regardless of between-setting contingency differences. Thus, the child's behavior in his home might be quite different from his behavior in school or neighborhood if the stimulus contingencies in these settings are different. Likewise, while contingency changes in the child's home should affect his behavior in this setting, his behavior in other settings might be unaffected, if the contingencies in these settings remain constant.

This argument holds clear importance for child behavior modifiers. It is often true that a child referred for treatment of problem behaviors occurring in the home may also present behavior problems in the school or elsewhere. In other words, deviant children commonly produce their deviant behaviors in multiple settings.

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[1] This study was supported in part by Research Grant MH13914-01 from the National Institute of Mental Health. Reprints may be obtained from the author, Department of Psychology, University of Tennessee, Knoxville, Tennessee 37919.

Most empirical investigations of child behavior therapy have focused on single settings, primarily the school and the home. A few investigators (e.g., Risley, 1968; Patterson et al., 1969) have extended their treatment techniques to both settings. However, we have yet to see an assessment of setting generality: the influence of operations performed in one setting on the child's behavior in other settings. While the previous arguments seem reasonable concerning the low likelihood of setting generality per se, the question is an empirical one.

The present study was a limited attempt to evaluate the setting generality of commonly used child behavior modification techniques. More specifically, deviant child behavior in school settings was evaluated as a function of contingency changes in the children's home settings.

DISCUSSION

The data presented provide no evidence of setting generality, at least as far as home and school environments are concerned. Contingency operations performed in the homes of two children were followed by predictable changes in the children's behavior within these settings. However, the children's behavior in the school setting was unaffected by these operations. Only when similar contingency operations were performed in the school were behavioral changes apparent within this setting. In other words, the settings appeared to be functionally independent, with certain qualifications. That is, while home operations were clearly unrelated to child behavior in the school, design problems did not permit an assessment of the influence of school operations on child behavior in the home. However, there is little reason to believe that functional relationships in the school-home direction should be much different than those in the home-school direction.

In the introductory section it was noted that findings like the above should hardly be considered surprising. As expected, the children's deviant and desirable behaviors conformed to the stimulus contingencies presented within the settings. Although the school and home settings supported similar child behaviors during baseline periods, this proved no guarantee that the settings were members of a common stimulus class.

These findings present some practical problems. Children do tend to produce their deviant behavior in multiple settings, and some of these settings may not be accessible to the behavior therapist. For example, the delinquent child is apt to produce his law-breaking activities when likely intervention agents are absent. While these aspects of his behavior may be modified in some settings (e.g., a detention home, the school), the generalization of these modifications is dubious. This discussion opens a further question of importance: what behaviors in what settings must be modified in order to effect general changes in setting function?

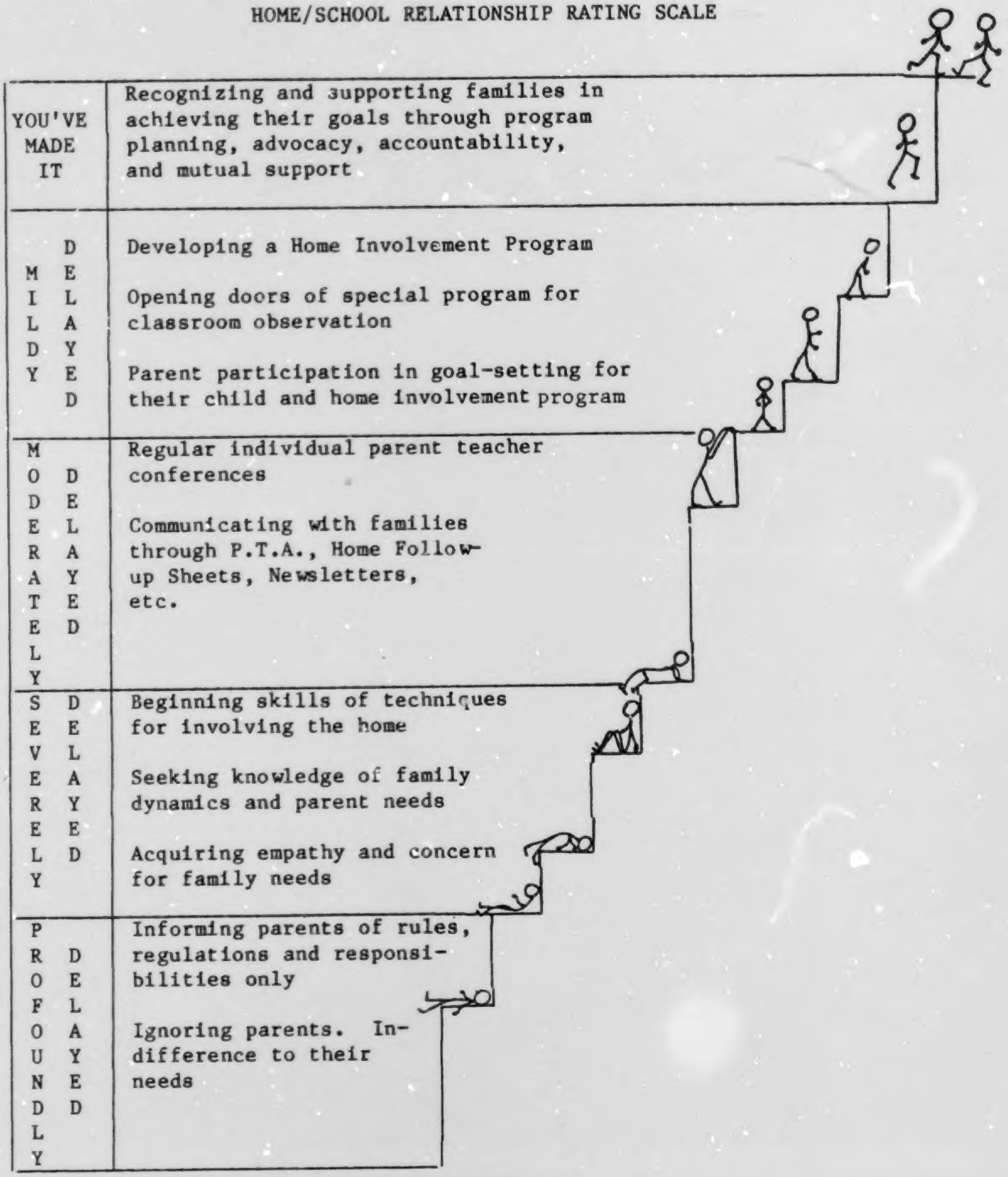
Other articles of interest on this topic include:

Skindrud, K. Generalization of Treatment Effects from Home to School Settings. Unpublished Manuscript, Oregon Research Institute, 1972.

Walker, H.M., Hops, H. & Johnson, S.M. Generalization and maintenance of classroom treatment effects. Behavior Therapy, 1975, 6, 188-200.

AREA: Home/School Planning & Monitoring
LEVEL: PIJS
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1; adapted from Chapel Hill Training - Outreach Project.

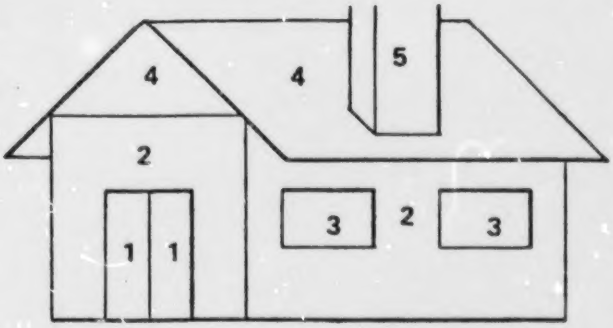
HOME/SCHOOL RELATIONSHIP RATING SCALE



YOU'VE MADE IT	Recognizing and supporting families in achieving their goals through program planning, advocacy, accountability, and mutual support
MILDLY DELAYED	Developing a Home Involvement Program Opening doors of special program for classroom observation Parent participation in goal-setting for their child and home involvement program
MODERATELY DELAYED	Regular individual parent teacher conferences Communicating with families through P.T.A., Home Follow-up Sheets, Newsletters, etc.
SEVERELY DELAYED	Beginning skills of techniques for involving the home Seeking knowledge of family dynamics and parent needs Acquiring empathy and concern for family needs
PROFOUNDLY DELAYED	Informing parents of rules, regulations and responsibilities only Ignoring parents. Indifference to their needs

HOW DOES YOUR PROGRAM RATE?

AREA: Home/School Planning & Monitoring
LEVELS: PIJS



COLOR KEY
R-Red
B-Blue
Y-Yellow
G-Green
(See Key at bottom of this page for color interpretation)

COLOR YOUR SCHOOL
(An Activity for Assessing Program Orientation)

1. The main focus of service for our program is in:
   - B- Training the child to his maximum potential and expecting the family to help in your training of the child.
   - G- Working with the family to provide the most meaningful program for child.
   - R- Having a smoothly operating program.
   - Y- Training the child to his maximum potential.

2. In order to provide the best service, our program has:
   - Y- Set policies that are in the best interest of the child.
   - B- Set policies that are in the best interest of the child but are also acceptable to parents.
   - R- Decided on program policies and followed them consistently.
   - G- Involved the families in setting center policies.

3. Our program and goals are set by:
   - G- Teams composed of staff members, support staff and parents.
   - Y- The principal and/or teacher based on their knowledge and concern for the children's needs.
   - R- The principal and/or teacher based on his or her professional knowledge of program planning.
   - B- The principal, teacher, and support staff based on their knowledge and concern for the children's needs, but parents are asked to assist in reaching goals.

4. The importance of individualization is shown in our program by:
   - R- Helping the child adjust to our program.
   - B- Evaluating the child's functioning level through classroom assessment and interview with the family so as to determine what must be done for the family.
   - G- Evaluating the child's functioning level, family assets, training and service needs, and by shared goal-setting with family.
   - Y- Evaluating the child's functioning level as a basis for setting appropriate goals for him.

(Continued on following page)

COLOR YOUR SCHOOL (Continued)

(An Activity for Assessing Program Orientation)

5. We evaluate our program by:
   - G- Successfulness in meeting objectives set by parents and program personnel.
   - R- The smoothness of its operation.
   - Y- The effect of program on the child.
   - B- The effect of program on the child and what we can do with the family.

KEY:
Red - The Institutional Approach
Blue - The Child Center Approach
Yellow - The Modified Child Centered Approach
Green - The Family Oriented Approach

AREA: School/Home Planning and Monitoring
LEVELS: PIJS
SOURCE: Educating Emotionally Disturbed Children by Haring and Phillips

THE PARENTAL ROLE

Parental responsibilities to the school schould include the following:

1. The parents should make a serious attempt to attend every school meeting related to their child's special class placement. If both parents cannot attend, certainly one should. There will be instances when a child has only one parent and he or she cannot attend because of work, having to care for other children, etc.; but these are liabilities the school can know of and adjust to in advance.
2. The parents should try to understand the general purposes of the special class and follow through on the school's suggestions on such matters as homework, handling behavioral upsets, handling problems of misconduct on the way to or from school and other specific matters which arise.
3. The parents should make conferences with the teacher consistent and integral feature of their relationship with the school.
4. Parents should keep the school informed of any special plans involving the child, such as having to go into the hospital, or any upsets that might arise in connection with the illness or death of a relative for example.
5. The parents should not regard the special class as a permanent educational substitute for the child, but should hopefully view it as a temporary solution to a serious problem, with the intention to get each child back into his regular classroom as soon as it is feasible. There are, of course, instances where the special class arrangement may have to be a permanent one, but this is less likely to occur among a population of emotionally disabled children than among other handicapping conditions.

AREA: Scho[illegible]-Home Planning and Monitoring
LEVEL: PIJ
SOURCE: Chapel Hill Training-Outreach Project
PROCEDURE: Format to facilitate the planning of a home component for behavioral disabilities programs.

SAMPLE COPY
HOME COMPONENT PLANNING SHEET

Goal	Objectives	Activity/Strategy	Evaluation
1. To increase parent participation in planning for the child.	By July, 1981, all parents will work with staff on the establishment of five long-range goals for their child.	Quarterly parent-staff meetings and/or home visits will provide the opportunity for goal-setting.	By July, 1982, a copy of five long-range goals mutually planned by parents and staff will have been given to the parents and included in each child's folder.
2. To increase direct parent participation in program.	By December, 1981, at least six parents will be regular program volunteers.	1. Staff will develop volunteer guidelines with input from interested parents. 2. Recruitment will take place via parent meetings, newsletter, etc. 3. Staff will plan & conduct training sessions.	By December, 1981, six parents will be regular program volunteers.
3. To increase parenting skills through information and training.	By June, 1976, at least ten parents who have expressed a desire for training will have acquired basic information about behavior management principles and practice.	Six afternoon workshops will be held during April and May using both staff and a consultant to instruct parents in principles of behavior management and monitor their collection and intervention strategies. Films and tapes will be used in training.	By June, 1981, the parents will have participated in the workshops and will have selected target behaviors to be changed, collected baseline data, and applied intervention. Pre-post tests will demonstrate improvement in knowledge of principles.
4. To facilitate use of community resources.	1. By January, 1982, at least twelve local agencies will have been contacted to acquire information about their services and to inform them of our program. 2. By March, 1982, a resource handbook of community services will have been developed for parents.	1. Each staff member will be asked to visit two agencies and receive basic information about the agency service, eligibility requirements, and referral procedures. 2. Parent volunteers and staff will collaborate in printing resource handbook.	By January, 1982, the information will be gathered. By March, 1982, the handbook will be completed.

AREA: School-Home Planning and Monitoring
LEVEL: PIJS
SOURCE: Patricia Wells, ED Consultant AEA #1, adaption of Des Moines Independent School District Form.

WORKING TOGETHER

Success in the Emotional Disabilities Program for your child is a cooperative effort between school and home with each having distinct responsibilities.

SCHOOL RESPONSIBILITIES:

A. An individualized academic program provided by specially trained team.

B. An individualized program of behavior management which will be implemented to prepare your child for successful re-entry into a regular classroom, appropriate to his level of functioning.

C. Frequent contacts between home and school to inform you of your child's progress and to let you know where you can be of help in supporting your child's program.

D. Consultation with pupil services support team (psychologist, social worker, nurse, consultant, etc.).

E. Consultation with outside community agencies with your written permission.

F. On-going evaluation and review of appropriate programming in line with your child's progress.

Parent Responsibilities:

A. Attendance at IEP conferences.

B. Attendance at the parent/teacher conferences scheduled by the school district in the fall and spring.

C. Classroom observations.

D. Availability of parents for consultation by phone (a number where you can be reached during school hours).

E. Availability of parent or another adult designated by parent to pick up child from school in the event the child needs to be sent home due to behavior or illness.

F. Parent attendance at special emotional disabilities parent meetings.

G. Parent involvement in other school activities (i.e., open house, fun night, field trips, etc.).

SCHOOL: ____________________ Phone: ____________________

PRINCIPAL: ____________________

TEACHER: ____________________ ASSOCIATE: ____________________

PSYCHOLOGIST: ____________________ SOCIAL WORKER: ____________________

NURSE: ____________________ CONSULTANT: ____________________

AREA: School-Home Planning & Monitoring
LEVEL: PIJS
SOURCE: Submitted by Patricia Wells, ED Consultant, Keystone AEA #1

PARENT CONFERENCE RECORD*

Student: ______________________ Birthdate: ______________________

Date of Conference: ______________ Grade: ______ Placement: ________

Teacher: ______________________ School: ______________________

Who was present? ____

____

Areas to be discussed during the conference:

1) ______________________ 6) ______________________

2) ______________________ 7) ______________________

3) ______________________ 8) ______________________

4) ______________________ 9) ______________________

5) ______________________ 10) ______________________

Parent Comments and Questions: ________________________________

____

Specific Agreements or Recommendations:

1) ____

2) ____

3) ____

Parent Reactions:

1) ____

2) ____

3) ____

Conclusions and Miscellaneous Information:

Follow-up:

*This record is to be filed with pupil's cumulative record.

AREA: School-Home Planning & Monitoring
LEVEL: PIJS
SOURCE: Unknown

PARENTAL CONTACT LOG

Retain copies of all letters or reports to parents.

DATE	TYPE OF CONTACT	PERSON CONTACTED	SUBJECT	OUTCOME	SIGNATURE

AREA: School-Home Planning and Monitoring
LEVEL: PIJS
SOURCE: Submitted by Patricia Wells, ED Consultant, Keystone AEA #1

PARENT CONFERENCE/CONTACT RECORD

STUDENT ______________________ SCHOOL YEAR ______________________

SPECIAL CLASS TEACHER ______________ PARENTS ______________________

SCHOOL ______________ GRADE ______ PARENT'S PHONE ______________

DATE	TYPE OF CONTACT					PURPOSE	COMMENTS
	SCHOOL	HOME	PHONE	LETTER/NOTE	OTHER		

AREA: Home Management
LEVEL: PIJS
SOURCE: Unknown

WHY PARENTS GOOF: THE CRITICISM TRAP

As I work with more and more parents concerning their child rearing practices, and also as I reflect on my own parenting behaviors, a particularly common goof for all of us seems to be to get caught in the criticism trap. The criticism trap is falling into the situation of trying to teach our children mainly by scolding rather than praising. A child misbehaves, we catch him/her and scold him/her, and he/she stops for now. Scolding and criticizing seem to work. We feel scolding works because sure enough our child stops his/her misbehaving for a while. But now we are trapped. We find ourselves scolding and criticizing more. Our interactions with our children become more negative, not only in content but but also in frequency. Only by clearly seeing what is going on can we parents avoid this trap and behave in ways which will help our children best. For the next three or four days, you might try a little experiment yourself. Simply keep a record of your interactions with your children and/or any other significant person in your life. Tally up those interactions in which you scold and/or criticize and those in which you praise and/or encourage. Are you caught in the criticism trap? Interestingly enough, getting caught in the criticism trap can occur not only in parent-child interactions but also in husband-wife, friend-friend, relative-relative, employer-employee, teacher-student and many other interactions.

How do you escape the criticism trap? To escape the criticism trap, it is necessary for us parents to make it possible to praise more and criticize less. Well what does that mean? To me it means we parents need to "catch" our children being good. Too often we seem all to eager and vigilant to catch our children being bad. We seem to think that only bad behavior is worthy of us taking the effort to notice and to point out. Rather, catch your child being good. Make the effort to be just as vigilant for good behavior as you are now for bad behavior. Let's tell our children what it is that we like that they're doing. Spouses let's remind each other to praise more. Let's take the effort to figure out what would be the positive way to deal with those situations in which we now criticize a lot. Today, catch your child being good!

AREA: Home Management
LEVEL: PIJS
SOURCE: Unknown

ENCOURAGEMENT AND DISCOURAGEMENT

Words that discourage:

No, Betty. You will break them! Let me do it. Wait until you are bigger. Just let me finish it, Jimmy. You are just too slow. No, Debby! You have it on the wrong foot. Oh, what a mess you make! Give me your hand so you won't get hurt. We have to be careful and not get hurt. Be very careful, dear. You might fall out of the swing. You don't want to get hurt. No, Stan. It's too dangerous. You might get hurt. Be very careful. Wait, now, until the other children finish. They might bump you. Well, I suppose you got bad grades again. I'm ashamed of you. Why can't you do better? You're just lazy and won't pay attention. You can't go out to play. Go to your room. Billy, you're just like you father! Why can't you do better? What's wrong with you? Oh, you naughty boy! Shame on you. Sit in this chair till you learn to behave. If you keep that up, you'll never amount to anything. You just won't try. Watch out now, Hellen! Keep that up and you'll break your neck! No, no, no, Bad, bad, bad. Don't touch that dirty old thing!

Words that encourage:

Too bad it didn't work this time. It'll probably go better next time. How nice you can pull the covers up. Look at my big girl making her own bed! What would happen if you pulled the covers up one at a time? I really appreciate it when you try like that. I'm sure you'll do better with practice. You have tried very hard, Cynthia, and I really like that you've stuck to it. I think you can do it, Bobby. If you have any trouble, let me know, and we'll fix it. It pleases me the way you really try, Roggie. I think you'll succeed. Keep up the good work. I'm glad you keep trying even though it is tough sometimes. I believe you can learn to do it. I'm very satisfied with what you've done. What can I do to help? Just let me know, because I think that's a good idea. Golly, it's all right to try. Failure is no crime! I believe you can do it, Phyllis. I know it looks tough at the beginning.

Some quotes from Dr. Dreikurs on the process of encouragement:

Children so dearly want to be a real part of the family. Yet, in their attempts to do their part, to gain recognition, to find a place, they meet with constant discouragement. In a thousand different ways, we confront them with our doubts of their ability. We do this either directly with discouraging words or by tone of voice or actions that show parental superiority. All too often, we get across to our children that we consider them inept, unskilled, and generally inferior -- if not impossible. We reject them as being weak and inferior -- an attitude which in itself produces an atmosphere of discouragement. Sense of self-respect and feelings of accomplishment. From earliest infancy the child needs help in finding his place through achievement. We also discourage children through overprotection. Children need to learn to take bumps and rebuffs in stride. A bruised knee will mend. Bruised courage may last a lifetime.

AREA: Home Management
LEVEL: PIJS
SOURCE: Dr. Haim Ginott

By DR. HAIM GINOTT

Psychologist-author of the best-selling books "Between Parent and Child" and "Between Parent and Teenager"

BEST COPY AVAILABLE

THE HOW-TO—AND HOW-NOT-TO—OF

PRAISING YOUR CHILD

IT WAS BILL'S BIRTHDAY PARTY. Ten seven-year-old boys and girls had snacks and played games. All was well. Then Mother came in, full of goodwill. She was delighted by the children's good behavior and decided they deserved praise. She said: "My, my, what a wonderful bunch of boys and girls we have here. You behave like angels."

The moment she left the room, a fight broke out: Candies became bullets, cupcakes turned into torpedoes, and cookies flew like guided missiles. The party was a bomb. Mother was shocked. What burned her up was that she had praised the children so sincerely. "Isn't praise good for children any more?" she asked bitterly.

When a child feels he does not deserve praise, he often misbehaves in order to set the adult straight. The children at Bill's party did not see themselves as angels. When they were so-named, they corrected the false picture; they quickly disabused Mother of her misconception.

When children behave, direct praise of their good behavior is undesirable. Such praise may convey to them that we are surprised by their civilized conduct, that we really expected misbehavior.

What kind of praise *is* desirable?

Jim, age nine, brought his friend Boris home for Sunday lunch. Before lunch the boys played cheerfully and quietly. Mother commented, "It is a pleasure to have you in our house, Boris. We enjoy your visits very much." Boris beamed.

Mother did not praise Boris directly. She abstained from such nauseating compliments as: "You are a wonderful boy. You are always so good. You are politer than Jim's other friends." Instead she expressed her feelings of appreciation and enjoyment. Boris himself concluded that he was welcome and valued.

If we met Picasso, we would not say to him: "You are the greatest painter in the world, Mr. Picasso. You are doing a marvelous job. Carry on the good work!" We would not say to Leonard Bernstein, "You are a great conductor, Lenny—the best since Toscanini."

We would sense that such praise is arrogant and in bad taste. We would not dare to set ourselves up as judges. We would express only our appreciation: "Thank you, Mr. Picasso, for your paintings. They have enriched my life." "Thank you, Mr.

'Jeremiah Symphony' touched me deeply." *Children deserve similar courtesy. They too, deserve praise that appreciates, not praise that compares or condescends.*

Amy, age six, showed Mother a blue painting she had just finished. It was shapeless, but Mother knew how to respond helpfully. She looked at it and said in a wondering voice, "It's so blue!" "Yes," said Amy seriously. Mother looked at the painting again and said, "I see here it's light blue and here it's dark blue." "That's right," said Amy joyfully, "this is the sky and this is the sea." "Oh-h-h," replied Mother, in a tone full of appreciation, "I see. It's a seascape and a skyscape." "Yes," agreed Amy. "I like to make seascapes and skyscapes," she volunteered, as she started another painting.

Mother did not ask Amy what the painting was supposed to be. She did not say, "It looks like nothing." Neither did she give phony praise such as "You are great" or "You are very talented." Instead she described the painting and her feelings about it. As a result, Amy felt that her creativity was genuinely appreciated.

Robert, age five, helped his mother clean up the lawn. From time to time Mother praised him helpfully: "I see you have a big pile of leaves. . . . You have *two* piles of leaves. . . . Don't tell me you have another pile already! . . . Five piles in one hour—that's what I call work! I do appreciate your help very much." Mother's words galvanized Robert. He worked with energy and gusto. Later in the evening, before falling asleep, he turned to Mother

Mother did not praise Robert by evaluating his personality. She did not say, "You're such a good boy! What would I do without you?" She merely appreciated his efforts. Robert himself inferred that he had done a good job and was a great help. *Constructive praise describes a child's efforts and accomplishments, and our feelings about them. It does not evaluate personality or judge character. The cardinal rule in praising is: Describe without evaluating. Report—don't judge.*

Tommy, age eight, threw a dart at a target and hit the bull's-eye. His father was overjoyed and said: "You are great! You have a perfect eye. You are an expert marksman." Tommy walked away from the game. Father was surprised. He intended to encourage his son. But the praise apparently discouraged Tommy. Father wondered why.

After the praise Tommy thought, "Father expects my every dart to hit the bull's-eye. I am not an expert. I scored by chance. If I try once more I may not even hit the target, let alone the bull's-eye. I'd better quit while I'm ahead."

What kind of praise would have motivated Tommy to continue his efforts? Nonjudgmental, descriptive praise. Father might have said: "I see that this dart hit the bull's-eye." Tommy's inner response would have been: "Father doesn't expect *every* dart to hit the mark. It is safe to try again." If Tommy's next dart had missed the bull's-eye, Father could have commented that the dart went to the right or left or up or down.

From this objective statement about his performance, Tommy might have learned how to improve. But, more important, Tommy might have learned that his father's attitude toward him as a person did not depend on how well or badly he threw darts.

In contrast, if a parent's statements are evaluative ("You are good. You are great. You are an expert"), the child, if he misses the mark, may say to himself, "You are bad. You are terrible. You are a failure." *Only praise that does not judge the child's character or evaluate his personality makes it safe for the child to err without fear and to recover without anxiety.*

Six-year-old David showed his mother a drawing and said, "Doesn't it look sloppy?" Mother looked at her son's art and said

PRAISING YOUR CHILD

From page 12

way you wanted it to. You are disappointed." Without a word David went to his room and made another picture. Then he asked his mother, "How do you like this one?" Mother answered, "I see you used many colors—red and black and green and yellow." "And orange," corrected David. "Yes," said Mother, "Orange, too. It is such a colorful picture. I like it." David beamed and said seriously, "I love colors. They cheer us up." He went back to his room to draw still another picture.

Mother was helpful because she avoided judgmental statements. When David showed her his first drawing, she did not say, "Yes, it's a sloppy picture. Why don't you make a nice picture?" Instead she described her son's feeling of disappointment. When he showed her the second drawing, she did not say, "Oh, it's a beautiful picture. You see—I told you: You are a good painter." Instead she described her feelings and his colors. David was pleased, encouraged, and motivated to draw again. *Constructive praise recognizes a child's feelings and describes his performance.*

TED, AGE 10, felt disappointed because no celebration was planned for New Year's Eve at his home. He decided to give his own family party. All afternoon he worked feverishly—shopping, making arrangements, and lettering invitations. In the evening he rang a bell to summon the family to a party that was warm, charming, and well-organized. The next day Ted followed Mother around. "Did you like my party?" he asked. "I loved it, Ted," his mother answered. "Mommy, did you really like my party?" he repeated. "I loved every minute of it, son," his mother reassured him. A minute later he said, "But, Mommy—you didn't tell me if you really liked my party!"

Mother realized that apparently she had not conveyed her pleasure and appreciation. She stopped what she was doing and said, "Ted, sit down here with me. I want to tell you what happened to me yesterday. I got an invitation to a surprise party. It was a special invitation, round like a wheel. In the spokes of the wheel, in bright red and green lettering, was important information: The time, the place, the date, and the name of the party. And sure enough, in the evening, exactly at 7:30, a party was ready. The table was set with fancy paper cups. Each person's paper plate was decorated with beautiful gold and silver stars and with the message 'WELCOME 1969.' And do you know that there were party favors and games and ice cream? I liked the part where we sang 'Happy Birthday' to the new year and told our wishes to one another. And I also liked the part where you popped the popper and there was a spark and a noise, and the confetti sprayed out into the air. What I want to know is, how did you ever think of such an enjoyable party?"

Ted said nothing. But Mother had never seen a more contented little boy. *Praise that consists of detailed recognition of a child's efforts has enormous power.*

TO SUM UP: Praise consists of what we say to the child and what in turn the child says to himself. Our words should state what we like and appreciate about his efforts, help, work, and accomplishments. The child then draws conclusions about himself.

When our statements describe the events and feelings realistically and appreciatively, the child's conclusions about himself are positive and constructive. ##

AREA: Home Management
LEVEL: PIJS
SOURCE: Stop That Fighting by Howard Sloane

POSITIVE/NEGATIVE SHEET

I promise to fill out this sheet each day and to try and reduce my punishments and negative remarks to my child(ren), and to increase my positive remarks. I am doing this because I want to reduce fighting and arguing.

____
Signature

Each day, write a "+" mark in the POSITIVES column for each positive remark made to your child(ren), and a "-" mark in the NEGATIVES column for each punishment or negative remark. At the end of each day, count the marks and fill in the totals.

DATE	POSITIVES	NEGATIVES	TOTAL POSITIVES	TOTAL NEGATIVES

AREA: Home Management
LEVEL: PIJS
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1
PROCEDURE: Use to demonstrate significant difference between discipline and punishment.

DISCIPLINE VERSUS PUNISHMENT

	PUNISHMENT	DISCIPLINE
PURPOSE	To inflict pain or penalty for an offense.	To train for correction and maturity: Self-discipline.
FOCUS	Past misdeeds. Short-term	Future correct deeds. Long-term
ATTITUDE	Hostility and frustration on the part of the teacher or parent.	Love and concern on the part of the teacher or parent.
RESULTING EMOTIONS IN CHILD	Fear, guilt, stupidity, etc.	Stability.

AREA: Home Management
LEVEL: PIJS
SOURCE: Adapted from "The ABC's of Child Discipline by Corsini and Painter

HOW TO DISCIPLINE

"The Use of Natural or Logical Consequences"

The biggest problem most parents have with their children is simply making their children behave.

As every parent who punishes knows, punishment often is not logically related to the child's offense. If we tell a child that he may not watch television after dinner because he didn't wash his hands before dinner, there is no logical connection between the crime and the punishment.

What's more, punishment is usually arbitrary exercises of power by the parent. The parent becomes prosecutor, jury, judge and warden. Unfortunately, all the child may learn from his punishment is - power is what counts.

Thirdly, punishment has to be discontinued eventually. For instance, an attempt by a parent to punish an adolescent by physical force may result in a very ugly situation for both.

But what should a parent do instead? Primarily, we believe parents should always try to obtain voluntary cooperation from their children by reasoning with them. When reasoning fails then they should use natural or logical consequences.

The essence of natural or logical consequences is to let the child learn from experience.

Applying natural or logical consequences is more effective than punishment yet has none of the drawbacks. It requires an understanding between a parent and the child as to what is expected from the child and what is to happen if the child does not perform as expected. What happens if the child misbehaves must be a logical consequence of the child's conduct.

Say a father tells his child he will take him to the movies if the child is ready by 3:00 P.M. and the child is not ready. But at 4:00 P.M. the child asks to be taken out. Father simply says: "You knew you were to be ready by three. Now it is four. I'm sorry, I won't take you now."

Another example: Little Bobby is whooping and hollering in the living room where Father and Mother are reading. Father says: "If you can't be quiet, go to your room." Father now has an understanding with Bobby: "If you are quiet, you may remain; if not, you must go." Bobby continues making noise, and Father says firmly but without anger, "Go to your room. Come back when you can behave yourself."

Parents employing these techniques do not scold or scream. They calmly speak to the child in this manner:

- "If you don't behave yourself at the restaurant, I'll take you home."

- "If you lose your money, I won't give you any more."

- "If you break the window playing ball, you'll have to pay for the replacement."

- "If you don't eat now, there will be no more food until lunch time."

- "Since you spilled it, you should clean it up."

- . . . And they calmly follow through with what they say!

When employing this technique parents have an obligation to inform the child once of the natural consequences of any specific behavior. If they keep reminding him, they are either giving him unnecessary help or punishing him by nagging. One such warning is generally all that is needed, especially once they learn that you will follow through with what you say.

When using natural or logical consequences, parents must be firm with themselves as well as their children. They should not feel that they're being cruel when, within reasonable limits, they allow their children to suffer the natural but unpleasant consequences of his acts. Parents should not intervene to relieve the results of reality. Applying these consequences does not have natural punishment as the desired end goal. Applying these natural consequences should result in less nagging, less of a need for disciplining. What more can any parent do for his child than to help him learn the consequences he must face when he misbehaves! What better way is there for a parent to develop within the child the idea that he alone is reponsible for his own behavior!

If parents will just begin to think logically rather than punitively, they will start to treat their children in turn will respond by respecting them.

Try it -- and see how much happier your family life will be!

AREA: Home Management
LEVEL: PIJS
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1

NATURAL AND LOGICAL CONSEQUENCES

NATURAL CONSEQUENCES - THE NATURAL RESULTS OF ILL-ADVISED ACTS; THE UNAVOIDABLE CONSEQUENCES OF THE DEEDS WHICH THEY FOLLOW. THE INEVITABLE REACTIONS ENTITLED BY THE CHILD'S ACTIONS WHETHER OR NOT THE ADULT IS PRESENT.

I.E. CLOTHES NOT IN THE LAUNDRY DO NOT GET WASHED.

LOGICAL CONSEQUENCES - THE CONSEQUENCE HAS A LOGICAL RELATIONSHIP TO THE MISDEED. IT IS ARRANGED BY THE ADULT RATHER THAN BEING SOLELY THE RESULT OF THE CHILD'S OWN ACTS.

I.E. "If you can't behave yourself at the restaurant, I'll take you home."

1. Expresses the reality of social order or situation - democratic.
2. Logically related to the misbehavior; not arbitrary.
3. Involves no element of moral judgement.
4. Concerned only with what will happen now; does not deal with the past.
5. The relationship and atmosphere are friendly; resentment is minimized.
6. No submission or humiliation.
7. Freedom of choice within limits.
8. Thoughtful and deliberate; not impulsive.
9. Doesn't involve nagging.
10. Uses action instead of talking.
11. The child accepts responsibility of own actions.
12. The adult is disengaged from negative involvement.
13. Based on the concept of equality of worth between children and adults.
14. Implies that the child can work out his own problems.

AREA: Home Management
LEVEL: PIJS
SOURCE: Thomas Johnson

GUIDELINES FOR PARENTS

1. Don't disapprove of what a child is - disapprove of what he does.

2. Give attention and praise for good behavior not bad behavior.

3. Encourage and allow discussion, but remember it's the parents who should make the final decision.

4. Punishment should be swift, reasonable, related to the offense and absolutely certain to occur - it need not be severe.

5. Throw out all rules you are unwilling to enforce and be willing to change the rules if and when you think they need changing.

6. Don't lecture and don't warn - youngsters will remember what they think is important to remember.

7. Don't feel you have to justify rules, although you should try to explain them.

8. As your youngster grows older, many rules may be subject to discussion and compromise. The few rules you really feel strongly about should be enforced no matter what rules other parents have.

9. Allow a child to assume responsibility for his decisions as he shows the ability to do [illegible]

10. Don't expect children to demonstrate more self-control than you do.

11. Be honest with your youngster - hypocrisy shows.

12. The most important factor in your youngster's self-image is what he thinks YOU think of him. His self-image is a major factor in how he conducts himself.

AREA: Home Management
LEVEL: PIJS
SOURCE: Submitted by Patricia Wells, ED Consultant, Keystone AEA #1

TRANSACTIONAL ANALYSIS

"How to Help Children Win"

1. Provide a home environment in which all kinds of Strokes are readily available. A stroke-rich home encourages winning. Include plenty of unconditional positive Strokes (Strokes for being). Stroke your child's successes, giving him credit for doing (not for trying). When failures occur, do not discount his feelings, but avoid giving a lot of strokes for bad feelings.

2. Give your child permission to use his Adult Ego State -- to think for himself. Use Adult questions rather than orders. Say things like: "How can you work this out?" "What do you plan to do to solve this?" "What do you think?" "How do you think you can do this?" "Think about it, and tell me what you come up with, Okay?" "Where did it go wrong?" "How can you keep it from happening next time?"

3. Increase the number of Adult to Adult transactions you have with your child. Provide the time. Find out how your child sees the world, his needs and feelings. Do not teach him what he "should" or "should not" feel. Help him sort out the difference between the way he feels and what he does. Teach him to ask for the specific strokes he wants. Teach him specific ways of using his Adult to take care of himself in bad situations.

4. Avoid training your child to obey blindly, as this sets him up to be "unable" to say no to anyone he looks up to (such as a teenage gang leader or any older person). People who only know how to respond to the Parent in others with Compliant Child responses are likely to frequently end up in trouble (pregnant, in jail or in the morgue).

5. Encourage your child to live in the present. Refuse to listen to long discussions of past failures or worries about what may happen in the future. Do not bring up failures nor continually warn him of future pitfalls. Saying: "Be Careful!" may be a way of telling the child you hope he will mess up so you can say, "Be Careful!" again.

6. Encourage your child to set reasonable objectives based upon what he wants, his assets and liabilities, and the situation. If he insists in choosing an objective that seems unreasonable, help him break it down into manageable steps, identifying the first step. Give him full credit for anything he does, and avoid over-stroking any errors or failures. Tell him what you think he is good at.

AREA: Home Management
LEVEL: PIJS
SOURCE: Children: The Challenge by Rudolf Dreikurs

THE PRINCIPLES OF CHILD-RAISING

1. Encourage the child
2. Avoid punishment and reward
3. Use natural and logical consequences
4. Be firm without dominating
5. Respect the child
6. Induce respect for order
7. Induce respect for the rights of others
8. Eliminate criticism and minimize mistakes
9. Maintain routine
10. Take time for training
11. Win cooperation
12. Avoid giving undue attention
13. Sidestep the struggle for power
14. Withdraw from the conflict
15. Act! Keep your mouth shut
16. Don't shoo flies
17. Use care in pleasing -- have the courage to say "no"
18. Avoid the first impulse -- do the unexpected
19. Refrain from overprotection
20. Stimulate independence
21. Stay out of fights
22. Be unimpressed by fears
23. Mind your own business
24. Avoid the pitfalls of pity
25. Make requests reasonable and sparse
26. Follow through -- be consistent
27. Put them all in the same boat
28. Listen!
29. Watch your tone of voice
30. Take it easy
31. Downgrade "bad" habits
32. Have fun together
33. Talk with them, not to them
34. Establish a Family Council

AREA: Home Management
LEVEL: PIJS
SOURCE: Missouri Head Start State Training & Technical Assistance Program

HOME MANAGEMENT SUGGESTIONS

1. Be Firm. Establish clear ground rules when the child is young and keep these rules (with whatever needed amendments) on into adolescence. As the child improves in judgment, give him more leeway.

2. Do not flood the child with petty time-consuming decisions; for example, what dress to wear, what shirt, etc. If he dawdles and shows indecision, then make these decisions for him.

3. Whenever possible, do consider his opinion in some larger matters; for example, to go or not to go to Jimmy's birthday party, to go fishing with a friend, etc. If there is no real reason to deny the child, then allow him the option of "yes" or "no." However, many youngsters will need time to picture the situation and think it through before deciding.

4. Do no haggle or negotiate or wheedle about small things; an extra TV program; whether or not a helping of a new food is accepted; etc. A decision, even if it's in error, is better than haggling. Have faith in yourself.

5. Give the child chores by all means: setting the table for supper; helping serve at table; clearing the dishes; making the bed; etc. Boys as well as girls should do these chores. Parents must share their duties and chores with their child for the child's good. Such activities build self-discipline and a sense of responsibility. Select one or two chores and be prepared for the fact that it will take your time, effort, goodwill and many calm reminders to get these chores done. Withholding a desired privilege for a short time may be necessary if the child fails to do the chore assigned.

6. Be prepared to accept the absent-mindedness of most children. These youngsters need to be reminded again and again but without the irritating "I've told you a million times." Try to avoid the normal and usual escalations of irritation when directions or reminders need to be given over and over. When you have to repeat a direction say it each time as though it were the first time.

   Children are not being willful and stubborn when the can't remember; at this point in time. They just can't keep the many things we expect them to remember at the forefront of consciousness.

7. Be alert to the youngster's absent-mindedness in regard to care of tools and other implements, toys, etc. Note where you see him lay the kitchen shears, saw, hammer, etc. Check later and if the object is still there, give a calm reminder to put it away properly.

8. Short lists of tasks are excellent to help a child remember. A list is impersonal and reduces irritations; the child will gain satisfaction as he checks off tasks completed.

9. Many youngsters seem to "never hear" or to ignore parents' directions and commands. Often these children do not process multiple requests quickly or accurately. Therefore, it helps if parents first make sure they have the child's attention before making a request. After they've stated their wish in simple, clear, one-concept commands, the child should be asked to repeat what was said. Speaking at a slower rate of speed to the child often is helpful too.

10. Since many children are disorganized, they may sometimes have difficulty relating an event in proper sequence. Family members often need to quietly ask "who, what, where, and when" questions to get necessary information. Again, a calm, uncritical and nonirritable manner Should be the rule.

11. A common characteristic of many children is their difficulty in waiting their turn e.g., in playing a game or when participation in a conversation. Some interruptions when adults are talking may be allowed, for the youngster is impulsive. However, having permitted some infractions of good manners, parents should correct the child sharply if he persists in interruption; send him from the table or discipline him in a similar fashion if he should continue with this behavior.

12. Do not permit the child to be unduly loud and noisy in a public place. So something about it quickly, then and there, even if it is embarrassing for all concerned. Saying, "Just wait till I get you home" will not help the child and will only make parents feel frustrated.

13. Routines are helpful for all children: a regular time for meals, homework, TV, getting up and going to bed. Each family should find the schedule that suits it best.

14. In the majority of instances, parents should not try to tutor their own child. It is helpful to a youngster who has problems reading to have someone in the family read material aloud for content purposes. But to "teach" a child spelling or reading words, or to drill him on the concepts of mathematics, is usually unsuccessful. More is lost because of the strained relationships which often result than is gained in improved skills.

15. Punishment should be:

    a. Designed to fit the child and to vary with the offense. The cardinal rule is to "punish behavior and not the child."

       Generally, physical punishment should be avoided because other forms of discipline (short periods of isolation or withholding privileged activities) focus more on the behavior of the child and less on the child's self concept. Realistically, however, some physical punishment is likely, and care should be taken to be sure that it is not too severe of prolonged.

    b. Punishment should follow immediately after the offense so that the association between the undesirable behavior and the punishment which follows such action will be strengthened.

    c. Punishment should be of short duration. It must clear the air; the parent should not continue to accuse and grumble, but the child may be allowed to grumble a bit.

AREA: Home Management
LEVEL: PIJS
SOURCE: Submitted by Lindy Devoss, Keystone AEA #1

SUGGESTIONS FOR PARENTS

1. Show affection verbally and nonverbally.

2. Focus on your child's efforts and not on the end product. Positively recognize small amounts of progress.

3. Include your child in decision-making sessions when appropriate. For example: "Would you rather have soup or salad with your dinner?" Children need to know that their input is valuable.

4. Stoop down to your child's eye level whenever possible when speaking to your child about a more serious matter. This shows sincerity and respect. Talk with them, not to them. Use eye contact.

5. Use language which reflects your child's feelings. For example:

   Child: "I'm dumb."
   Father: "You sound upset with yourself."
   Child: "Nothing ever seems to go right for me."
   Father: "You really feel that way, don't you."

   Using reflective language suggests to your child that you care about how he feels without immediately drawing conclusions.

6. Separate the deed from the doer. Keep in mind that each "failure" indicates a lack of skill and in no way affects the value of the person. Overprotection does not allow for growth.

7. Show respect for your child. Do not use humiliation.

8. Include your child in family discussions at mealtimes. Ask them how their day went . . . what was interesting . . . what was fun . . . etc. Always allow the child to complete his sentence.

9. Ask your child to help you with a task. Children need to know that their contributions are valuable. Children derive self-satisfaction from helping.

AREA: Home Management
LEVEL: JS
SOURCE: Parents Magazine, June 1974

20 TIPS FOR PARENTS OF TEENAGERS

A Family Counselor's Files Provide This Hard-Won Advice Culled From The Actual Experiences Of Troubled Teenagers And Their Parents

By Roger Paine

"I just don't understand it," the worried father told me, "we've never had any trouble with Julie before. She's the youngest of four and we've always gotten along just fine with all of our children, including Julie. At least until a month ago."

"Now she's like a stranger," the girl's mother added. "She doesn't listen to anything we say--in fact, she won't even talk to us. Believe me, we need any advice you can give us."

Earlier that day, juvenile officers had brought fifteen-year-old Julie home after she had run away following an intense argument with her father, and had been absent for two days.

I have been a youth and family counselor for many years, and I've learned there are no simple answers to such problems. But I've also learned that beneath the individual differences in families, there are some typical attitudes and behavior that tend to discourage or encourage certain kinds of problems.

I thought about some of the parents I've known and the hardwon advice they might offer Julie's mother and father. The parents I was thinking of had all faced - and solved - serious problems with their teenagers. So I asked ten of these parents to suggest any general guidelines for other parents they might have, based on what they had learned. There were six mothers and four fathers; two of the women were grandmothers now, and two of them had raised their children alone. Altogether these parents had brought up thirty-eight children, and without exception, all of the children had gone on to distinguish themselves in school or at work. But before that, in all of the families there were serious problems, a time of trial with one or more of their youngsters. One boy was arrested on a drug charge, one girl ran away and refused to return, and many of the families had arguments over appearance or priorities.

Here are the suggestions for avoiding or solving common problems with teenagers offered by these parents. Interestingly, virtually every one raised all the following points.

1. SET AS FEW RULES AS POSSIBLE; THEN STICK TO THEM.

   Avoid getting into battles over trivial issues by setting arbitrary rules. Arguments over jeans or long hair simply aren't worth the grief. Each nagging word weakens your position until you reach a point where what you say is meaningless to your child and he just tunes you out. So save your disapproval and discipline for something important.

2. EXPECT YOUR RULES TO BE TESTED.

If your family standards are based on deep convictions rather than day-to-day whims, your children will be likely to respect them. But every child tests the boundaries of acceptable behavior as a part of growing up, so bear in mind that this period of testing is a positive one, even though it may be upsetting for you. And remember that if a parent fails to provide boundaries, the adolescent will have to test other figures of authority and the rules of society as well.

3. EXPECT GOOD BEHAVIOR AND YOU'LL PROBABLY GET IT.

A child who is labeled bad or a troublemaker, either at home or in school, will come to conform to that judgment because he'll begin to believe it's true. Stress a child's positive traits rather than emphasizing his shortcomings, and he will probably respond by wanting -- and trying -- to live up to your faith in him.

4. ALWAYS LISTEN ATTENTIVELY.

It hurts a child's feelings if his parent is too busy to listen to him. Retreating behind a newspaper or your work when a youngster needs to talk to you may close off the possibility of real, comforting communication. Teenagers need responsive feedback from their parents, and the best way to give it is to listen when they talk.

5. MAINTAIN THE GENERATION GAP.

Teenagers resent parents who try to be a part of their world just as much as they are offended by indifference or rejection. Take a stand on your own ideas and values even when they are different from your son's or daughter's. And remember that upholding your own views doesn't mean you are forcing your youngster to agree with you.

6. DON'T MORALIZE.

As they test standards, teenagers may say things that astound their parents. But nothing turns them off faster than hearing you preach to them, particularly when you repeat the same message again and again. Find a way to say what you believe without using a "preacher tone."

7. TRY NOT TO MAKE PROMISES THAT YOU CAN'T KEEP.

This is a difficult rule to adhere to, but if you must break a promise, try to have an excuse that is valid in your teenager's eyes. If you do have to change a promise, don't hesitate to do so, but plan to make it up to him on some other occasion.

8. LET YOUR TEENAGERS WORK OUT THEIR OWN LIFESTYLES.

Everyone is different from everyone else. Parents should learn to accept the individuality of their children, just as they do that of adults. So don't hold up the son or daughter of a friend or relative as an example of a satisfactory child. Try to keep long-range goals in mind when a teenager shows an early desire to go his own way. This is likely to be a healthy sign of growth.

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9. LET YOUR CHILDREN ENJOY BEING CHILDREN.

How many times have you heard a parent boast about his child's advanced accomplishments? Parents who do this don't really respect children. They treat them like miniature adults. Childhood is over all too soon for most of us; it should be a time of pleasure and delight, when a youngster learns at his own pace instead of conforming to a parental timetable.

10. DON'T WORRY WHEN THEY DON'T TALK.

So what if your teenagers don't always feel like telling you what they're doing? Youngsters prefer sharing a good many of their feelings and thoughts with friends close to their own age, rather than with their parents. If you think back to your own adolescence, you'll remember how important it was for you to reserve some secrets to be told only to a special friend.

11. ENLIST THE HELP OF YOUR OLDER CHILDREN IN UNDERSTANDING THE YOUNGER ONES.

If you have two children in or approaching adolescence, ask your older child for advice or insight regarding the younger one's behavior from time to time. It's a marvelous way to bring them into your thoughts, and since brothers and sisters do know things about each other that you probably don't they can help you through the inevitable rough periods.

12. BE PATIENT.

Allow your adolescents to make their own mistakes, accepting their failures as not only forgivable but as a necessary part of learning to cope with life. We become impatient and unforgiving because we equate our childrens' failures with our own. Parents need to learn that their sons and daughters are separate human beings and not extensions of themselves.

13. RESPECT THEIR PRIVACY.

Nothing is more upsetting to an adolescent than to have his privacy invaded by parental prying -- listening in on phone conversations, reading his mail, inspecting desks and drawers.

You may have some anxious moments in sticking to this rule if you happen to be suspicious about something, but resist the urge to snoop. Your efforts in refraining from the temptation to do so will earn the trust of your children -- and increase the chances for cooperation between you.

14. DON'T BE AFRAID TO ADMIT THAT YOU'RE HUMAN AND CAN MAKE MISTAKES, TOO.

Your children might as well hear it from your own lips. Showing a teenager that you are not inflexible or dictatorial will help him rely on you more, not less. Knowing he can trust you to be fair and see his side of the problem will encourage him to listen to your advice rather than to rebel against it.

15. TRY NOT TO CONDEMN.

Some teenagers are more independent than others, which is often a source of family conflict when parents disapprove of their decisions. Although your youngster may strain your patience to the limit, do refrain from condemning him; this will only drive him further away from you. Let him know when you disagree with him, but always leave the door open for friendly communication. Some teenagers need to stumble and grope for their own values before they can find a sense of identity. As long as you are honest about your own feelings, and loving and respectful of theirs, they will develop endurance and character.

16. DON'T GET CAUGHT IN THE MIDDLE.

Young people may try to manipulate their parents by going to Mom or Dad, as the case may be, with secrets they don't want the other parent to know. This kind of family conspiracy is difficult to live with and may be extremely harmful to family relationships.

17. LET YOUR CHILDREN KNOW THAT THEY MEAN EVERYTHING IN THE WORLD TO YOU.

If your teenager accomplishes something that you are proud of, praise him for it. All young people need love and respect, so give it to them freely. Your teenager needs to know that you love him no matter what happens.

18. BE AVAILABLE WHEN THEY NEED YOU.

So what if you miss that special television show or are late to a party or have to drive a long way to take your teenagers to a meeting, picking up four of their friends on the way. They will be grateful, and you won't be troubled by foolish guilt over those times when you do do something for yourself, first.

19. DON'T TRY SO HARD TO COMMUNICATE.

If you try too hard you may find that your teenagers will view your efforts as nagging or prying. Actions speak louder than words. What you do will communicate itself far better than your attempts to use gimmicky, verbal techniques for communications.

20. REMEMBER THE YEARS OF ACTIVE PARENTHOOD ARE NEARLY OVER.

Being a parent of a teenager is, in many ways, the hardest part of parenthood. But one of the fathers, whose children are all grown, summed up the final reward -- "Today our kids, secure in their own responsibilities, independence, and significance, are returning home as thought it were a mecca. This returning is the complete fulfillment of parenthood."

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AREA: Home Management
LEVEL: PIJS
SOURCE: From "How to Live With Another Person" by David Viscott, M.D.

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A Doctor's Wisdom:

The *Rights* Kids and Parents Have

By David Viscott, M.D.
Author of "How to Live With Another Person"

Children and parents become the best things they give each other.

•

Children have rights in a family just as much as their parents do. They have the right to be listened to, to be taken seriously and given an explanation. They have the right to be treated as people. But they also have the right to be children and should not be expected to behave like complete adults. Although children are incomplete people, they still feel and care as much about their feelings as adults do about theirs. Children have the right to be imperfect. They sometimes steal, cheat, lie and take advantage of smaller children. When they do, they need to be told it is wrong, but not that they are bad.

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Children have the right to spend time with their parents.

Children have the right to assume adult rights as soon as they are able to handle them responsibly, which means without doing harm to themselves or others.

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Children have the right to be afraid, to say no, to quit and to cry. They have the right to be comforted, to be praised, to be adored and to be squeezed for absolutely no good reason except simply happening to be within arm's length.

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Parents also have rights, and their children need to be aware of them. They have the right to expect their rights to be respected in the same way that they recognize their children's rights.

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Parents have a right to be treated as people and not to be taken advantage of even when they sometimes seem to be asking for it. They have the right to be treated with the same courtesy and reasonableness as the child would treat any other

Parents have the right to set limits that should be reasonably arrived at through mutual consent between their children and themselves. This mutual consent is only an ideal, a goal parents and children always fight over. Limits constantly change as children grow and show more responsibility for managing their own lives. Parents are continually weighing their children's capabilities. Children continually test their parents' firmness in setting limits. It is an imperfect system, but, if the ultimate goal is to be reasonable and supportive in helping a child develop independence, it usually works.

•

Parents have the right to enforce rules. The philosophy behind enforcing rules should be either to insure the child's safety when it is in question or to compensate for a child's inability to make certain decisions in his own behalf. However, the parent must leave enough room for the child to make some mistakes so he can learn from experience.

•

Parents have the right to a certain amount of peace and quiet because they put up with a lot and often have no choice in the matter. Parents are older people. Their struggles are not always to their liking or of their own choice. Many of the dreams they had for themselves have not turned out the way they wanted.

•

Parents have the right to know their children's friends and should be interested enough in their children's friends to know their names and who their families are. It is not enough to know that your children are not associating with people who are negative influences on their lives. It is also important that you are aware of the positive forces affecting your child's life.

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More than likely, all parents do things they do not want to do, and whether they are good-natured about it or not isn't the to be the kind of parents one would want in the best of all possible worlds, they are the only parents one has. Wanting one's parents to be something else is no more justifiable than parents wanting their children to be something other than what they are.

•

In any relationship, we need people to wish us well just the way we are. No parent has the right to insist that his children be made from the same mold as himself or to demand his child shore up a fallen self-image in hopes of proving by proxy a success that never materialized for the parent. That a parent made a mistake in his own life is lamentable enough without perpetrating the same mistakes in his children.

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We cannot expect that our relationships with other people, even family, will always remain the same. That is too rigid an expectation. Both parents and children can grow through their changing relationships with each other.

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One of the best possible things about being a member of a family is that the possibility of being loved, no matter how you change, exists there with the greatest chance for fulfillment. Most parents still love their children even when they have been disappointed by them. It is important for children to understand that some of the disappointment their parents feel for them is often really the parents' disappointment in their own lives.

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Some parents view their children only symbolically, not as people. These are the most difficult parents to live with. Is the child being criticized because he is not acting the way his parents would want him to act or is he doing something that is not in his own best interest? And worse still, is the parent comparing him with the way the parent mistakenly remembers himself?

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Unfortunately, some parents simply don't love their children. Probably they don't even love themselves. That may be the heart of their problem. Having parents like this is a terrible burden for any child and can shadow him all through life. It can even destroy him. A child of such a parent must learn to stop hating his parent for his shortcomings and to stop hating the parts of himself that remind him of that parent. The child needs to learn to get close to other people, to share a part of himself and to learn how to give and accept being given to—in short, how to love the other parts of himself and accept the good parts of his parents that are also in himself.

•

A home is a place in time. And no place stays the same after you finally grow up and leave it. No place can ever change as much as the person who grows up there. Streets and other buildings may remain much the same no matter who lives there, but people find new places to travel suggested only dimly by the place they grew up.

KIDS' RIGHTS
PARENTS' RIGHTS

•

Each child should try to see in his parents the children they previously were. Each parent should try to see in his child the adult he seems to be becoming. The child in you should want to play with your children. The adult emerging in your child should find support and companionship in the adult within you.

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None of us should feel ashamed of what we were or what we are becoming.

Adapted from "How to Live With Another Person," by David Viscott, M.D.
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AREA: Home Management
LEVEL: PIJS
SOURCE: Bob Gallagher, School Social Worker, Keystone AEA #1

PARENT TRAINING OUTLINE

CHILD MANAGEMENT

I. Consistency in Parental Behavior.

A. Why do children act that way?

1. Parents have helped to make their children the way they are, accidental or on purpose, by arranging situations in which learning occurs.
2. When people expect their behavior to have a certain consequence, and it does, they feel good and tend to repeat the behavior.
3. When an expected consequence of a behavior does not occur, the behavior tends not to be repeated.
4. When parents behave consistently in certain situations, they can establish an important part of their child's emotional life.

B. What is consistency?

1. "Consistency" here means the absolute predictability of a parent's behavior.
2. To the child consistency means knowing exactly what consequence will occur each time he behaves a certain way.
3. To the parent consistency means that his own behavior towards the child will be predictable.

C. Why is consistency important?

1. We have a need to feel safe from dangers.
2. We can feel safer when we can predict what will happen to us.
3. Children feel safer if much of their parents' behavior is predictable.
4. When the child's parents are unpredictable he feels chronically anxious.

D. What is the result of inconsistency?

1. Whenever a change occurs in a child's life, his world has become unpredictable and he is likely to react emotionally.
2. When a child's predictions are constantly unfulfilled he experiences tantrums and illness often.
3. Many tantrums could be avoided by adhering to established routines.
4. When changes are made, then, we can predict a tantrum and be better able to tolerate it.

E. How does a child react to a new environment?

1. Testing old rules.

- a. An environment is new whenever part of it changes.
- b. A child is likely to test many established rules to find some consistency.
- c. It is especially important to be consistent with children in a new environment, but usually most difficult.
- d. Children will try to reestablish the old environment.

2. Testing a new rule.
    - a. A new rule presents a new environment which will produce some anxiety until the new rule becomes established - which happens only after the child has broken the rule a number of times and it has been consistently enforced.
    - b. Occasionally, even after a new rule has become estabished it will be tested when a child is anxious.

II. Using rules to provide consistency.

A. Selecting a rule.

1. What is a rule?
    - a. Any demand made on a child, any task he must perform, any decision regarding what he may or may not do or have is a rule.
    - b. "Long-term" rules, must be enforced over and over again, e.g. chores.
    - c. "Short-term" rules, or commands, also require consistent enforcement.

2. What kinds of rules? A good long-term rule can be used to establish consistency in the life of a child. A good rule must be definable, reasonable, and enforceable. (See "Making Clear Rules" in the Management Section.)

    - a. Choosing a definable rule.
        1. If a rule is well-defined, the child knows instantly when he has broken it.
        2. Parents should expect no more than exact fulfillment of the rule.
    - b. Choosing a reasonable rule.
        1. When a child follows a rule, he is performing a normal, necessary function; he is not being a good boy, or helping mother.
        2. Allow plenty of time, especially if the rule concerns a chore.
        3. Make sure the child knows how to perform the task; if he doesn't, teach him.
    - c. Choosing an enforceable rule.
        1. A parent should anticipate that his child will test a rule.
        2. If a parent knows every time his child breaks a rule, without depending on other people's testimony, the rule is enforceable.

B. Enforcing a rule.

1. Enforcement of "chore rules" includes three steps.
   a. Set a time limit which is marked by an event in which the child participates.
   b. Ensure that the task is carried out before the child participates in the event which marks the end of the time limit.
   c. Ignore irrelevant behavior; by not responding we are most likely to eliminate the tears, tantrums, arguing, etc. that accompanies a new rule or the enforcement of a new rule.
      1. How do you ignore irrelevant behaviors? By not responding! Do not smile, frown, answer, berate, etc. Pretend the behavior did not occur. If necessary, very slowly and calmly remove yourself from the situation.
      2. Do not regard the child's behavior as a "personal attack." It is his way or working through some unrealistic expectancies.
      3. If the child strikes you (this seldom occurs) leave the situation as calmly and quickly as you can, without commenting.

2. Enforcement of "problem rules."
   a. "Problem rules" are usually established to cope with a problem.
      1. These rules should be established only when a problem exists, and steadfast ignoring of the situation has not eliminated the behavior.
      2. Like "chore rules," the rule must be definable, reasonable, and enforceable.
      3. A time limit is not useful in enforcing "problem rules."
   b. Enforcement of "problem rules."
      1. Ask for a restatement of the rule.
         a. If it is a correctable situation, make sure the child carries out the rule.
         b. If not, have the child just restate the rule.
      2. Ignore irrelevant behavior.
      3. Enforcement of commands.
         a. Issue as few commands as possible, let the child experience as many natural consequences as possible.
         b. Some children may be too young to have many chore rules; therefore, it is particularly important for their parents to consistently enforce commands.
         c. Enforce these rules the same as long-term rules.

C. Results of consistency training.

1. The importance of starting with only one rule.
   a. If the parent has been inconsistent in the past, the child's testing of the first rule will be more extreme and last longer than it will for later rules.
   b. Every rule changes a child's environment.
   c. When one rule is established a child aims all his rebellion at that one rule; the testing behaviors are channeled into the testing of that one rule.

        d. Children often cannot remember more than one rule at a time.
        e. Often, consistently enforcing just one rule will eliminate the need for rules which previously seemed necessary.

    2. What behaviors should you expect?
        a. It will get worse before it gets better.
        b. Many older children may seem to regress.
        c. Shy, withdrawn children may suddenly erupt with violence.
        d. A common pattern in rule testing is one of peaks and valleys.

    3. What happens to the parent?
        a. If the parent succeeds in establishing consistency, he or she is then confronted with a changed environment.
        b. This may result in the adult equivalent of a temper tantrum.
        c. After he gets to know his child again these moods will subside.
        d. Other members of the family are likely to react emotionally for a short time following the change in the child.

III. Creating a comfortable environment. An environment which allows a child to develop his potential has the following three characteristics: a model, limits, and freedom to discover things "by yourself."

A. The parent as a model.

    1. The most influential models in a child's life are his parents.
    2. Although they may not behave the way we tell them to, our children are very likely to behave the way we behave.

B. Providing freedom to discover.

    1. We often "nag" our children to ease any future guilt if something disastrous happens to them. Then, we can at least say, "I told you so."
    2. We are not responsible for everything our children do; this is impossible.
    3. We are responsible for creating an environment in which our children can grow. We can do this, partially, by providing our children the following freedoms:
        a. The freedom to learn for themselves.
        b. The freedom to experience the natural consequences of their behavior.
        c. Freedom for unnecessary and impractical rules.

C. Special problems.

    1. Eating problems.
        a. Introduce some regularity into mealtimes.
        b. Forcing a child to eat a particular food or punishing him when he doesn't is a good way to build an aversion to foods.
        c. We should not conclude that our child has developed a permanent aversion to a food simply because he rejects it on a few occasions.

2. Bedtime problems.
    a. Introducing consistency into the bedtime routine helps our children to relax and alleviates many problems.
    b. A bedtime routine is like a rule and will be tested when first established.
    c. Include in the routine all the necessities, then you won't need to feel guilty when you must ignore the irrelevant behaviors.
    d. Reduce the stimulation.

AREA: Home Management
LEVEL: PIJS
SOURCE: Submitted by Mark Cannon, ED Consultant, Keystone AEA #1
PROCEDURE: A parent exercise on the conveyed meaning of verbal interactions with children. Based upon Parent Effectiveness Training by Thomas Gordon.

RECOGNIZING INEFFECTIVE MESSAGES

DIRECTIONS: Read each situation and the message sent by the parent. In the column, FAULTY SENDING BECAUSE, write in the reason why the parent's message was not effective sending, using the following list of "sending errors."

Undershooting
Blaming, judging
Indirect message, sarcasm
Sending solutions, orders
Venting secondary feelings
Name-calling
Hit and run

SITUATION AND MESSAGE	FAULTY SENDING BECAUSE:
EXAMPLE: Ten-year-old old left open Scout knife on floor of baby's room. "That was so stupid. The baby could have cut herself."	
1. Kids fighting about which TV program to watch. "Stop that fighting and turn the TV off this minute."	
2. Daughter arrives home at 1:30 A.M. after agreeing to be in by midnight. Parent is relieved when she finally arrives. "Well you cannot be trusted, I see. I'm so angry at you. You are to be grounded for a month."	
3. Twelve-year-old left gate to pool open, endangering two-year-old. "What did you want to do, drown your baby brother? I'm furious with you."	
4. Teacher sent note home stating that eleven-year-old was doing too much loud and "Filthy" talking in class. "Come in here and explain why you want to embarrass your parents with your dirty mouth."	
5. Mother is angry and very frustrated because child in dawdling and making her late for an appointment "Mother would like for you to be more considerate of her."	
6. Mother comes in house and finds living room all messed up after she had asked kids to keep it clean for company. "I hope you both had a lot of fun this afternoon at my expense."	

SITUATION AND MESSAGE	FAULTY SENDING BECAUSE:
7. Father is repulsed by the sight and odor of daughter's dirty feet. "Don't you ever wash you feet like other human beings? Get up there in that shower."	
8. Child is disturbing you because he is getting attention of your guests by turning somersaults. Mother says, "You little show-off."	
9. Mother angry at child because dishes were not put away after washing. As child is running off to schoolbus, Mother shouts, "I am very upset with you this morning, do you know that?"	

AREA: Home Management
LEVEL: PI
SOURCE: Submitted by Mark Cannon; based upon work of Gerald Patterson
PROCEDURE: Format for developing home training component with parents.

GENERALIZATION TRAINING HOME PROGRAM

Child ____________________ Date Terminated ____________________

Date Started ____________________

1. OBJECTIVES (Circle one)

____________ to increase/decrease ____________'s ____________________ target behavior (to be measured).
Parent / Child

____________ to increase/decrease ____________'s ____________________ incompatible behavior (when this behavior is occurring, the target behavior cannot be occurring)
Parent / Child

2. DESCRIPTIONS

Target behavior:

Incompatible behavior:

3. METHOD OF MEASUREMENT:

4. CONTINGENCIES:

When ____________ child ____________ target behavior then ____________________ consequence

When ____________ child ____________ target behavior then ____________________ consequence

When ____________ child ____________ incompatible behavior then ____________________ consequence

When ____________ child ____________ incompatible behavior then ____________________ consequence

5. CRITERION FOR TERMINATION:

LET'S ENJOY

PARENTING

Keystone AEA
School Social Work Services

LETS ENJOY PARENTING

PARENTS want to know why kids do what they do.

PARENTS are looking for more effective ways of communicating with their children.

PARENTS are looking for effective ways of enforcing rules.

PARENTS are looking for specific methods of dealing with conflict.

PARENTS are looking for ways to increase harmony within their family.

INTRODUCTION

Accepting the responsibility of bringing children into this world and raising them to be responsible adults is probably the greatest challenge any individual will accept in his or her lifetime. Unfortunately few of us have had prior training or experience in effective ways of dealing with children, as in knowing what to expect from them. In our role as school social workers, we have met with many parents that have and are experiencing difficulty in raising their children. We have prepared this booklet in an effort to share with you some ideas and principles that have proven to be successful for individuals that have understood and used them.

Some of the ideas presented in this booklet have been borrowed from the "Basics of Parenting", "The ABC's of Parenting", "Children the Challenge" and others. However, most of the thoughts and ideas presented in this booklet come from members of the Keystone Area Education Agency School Social Work staff, and have been utilized and implemented by families and children with whom they have worked.

WHY?

Do Children Behave The Way They Do

GOAL of Children's Appropriate Behavior: To Belong and Cooperate

When a child is allowed to express his feelings and thoughts, is accepted and respected, he becomes a family partner. The child is invited to be active in decision making to achieve family goals and to help diffuse mutually explosive situations. Parents never have to do for their child, what he can do for himself.

GOALS of A Child's Inappropriate Behavior

Few parents seem to realize that all behavior has meaning and purpose. It is important for parents to understand what their child's goal is when he misbehaves.

Children are usually unaware of the goals they hope to achieve through their inappropriate behavior. There are four main goals that seem to be quite prevalent. They are as follows:

GOALS	BEHAVIOR	EFFECTIVE RESPONSE
Demand Attention (Child seeks proof of his acceptance and approval. He wants to be noticed.)	Trying to act cute or making a nuisance of himself, pestering, showing off, etc. Parents feel annoyed.	Ignore child's inappropriate demands for attention and make commitment to give child more positive attention when he is not demanding it. (Catch Him Being Good)
To Gain Power (Wants to be boss.) "If you don't let me do what I want, you don't love me."	Stubborn, contradictory, disobedient, continually forgetting, rebellious, defies authority. Parents feel angry and provoked.	Withdraw from the conflict. Enlist child's help, gain his cooperation, give him responsibility.
Revenge (Wants to get even. Finds ways to disappoint or hurt parents.)	Steals, sullen, kicks, bites, scratches, sore loser, defiant. Parents feel deeply hurt.	Realize that you are dealing with a discouraged child and convince him that he is liked. Avoid revengeful punishment. Do not satisfy child's purpose by being disappointed.
Withdraw (Tries to be left alone.) Feels hopeless, wants no demands placed upon him.	Gives up, rarely participates. "I can't do anything right so I don't even try." Parents feel despair and hopelessness.	Show appreciation for child. Don't give up on him. Show faith in him. Give encouragement. Acknowledge any useful, positive and helpful behavior.

The last two goals may be an indication of extreme family conflict and may be that the parents will be unable to improve the situation without the aid of some experienced person outside the family.

PRINCIPLES OF PARENTING

Mutual Respect Is A Must

Mutual respect is the cement that binds personal relationships. The best formula for arriving at mutual respect includes equal parts of kindness and firmness. Kindness expresses respect for the child. Firmness evokes respect from the child. This allows the child to learn to respect himself which is a "must" before we can expect him to respect others. Can we expect children to learn to respect themselves when we parents are constantly belittling them, threatening them as inferiors, and refusing to give them the same respect we demand for ourselves? It is only when mutual respect is present in a relationship that people then become able to resolve conflicts without fighting or giving in. We are showing disrespect to our children when we force our solutions on them. Parents are showing disrespect to themselves when they let their children manipulate them. We need to stop trying to "control" our children and learn to stimulate them from within by the use of such techniques as natural and logical consequences, encouragement and problem solving.

Encouragement

This focuses on what's good about your children and builds their self-confidence and self-esteem. Encouragement helps your children believe in themselves and their abilities. Encouraging parents let their children know they are accepted, appreciated and respected just as they are.

Many parents believe the way to help children improve is to point out all their shortcomings. This actually has the opposite effect: Children become discouraged and may give up. Encouragement gives credit for effort, even if that effort does not lead to success.

The basic methods of encouragement include the following:

1. Use words that build your child's self-confidence.

   Some examples of encouraging words are:
   Please
   Thank you
   You can make it
   I have faith in you
   Good idea
   You have really improved!
   You'll figure it out
   That helps the family get along better together

2. Separate the deed from the doer.

   Although parents may disapprove of their childs actions, they must convey that his mistakes do not reduce his value as a person. When encouraging a child, be specific about what he has done to merit encouragement.

3. Show faith in your child.

   Avoid interfering when your child is trying to perform a task or work through a problem. Convey confidence in his ability.

4. De-emphasize mistakes and shortcomings, emphasize positive acts.

5. Plan for experiences that will give your child success.

LISTENING TO AND TALKING WITH YOUR CHILD

Many parents feel that when their child has a problem, they must always say something. This "something" often communicates to their child a lact of respect and a willingness to understand his true feelings. Many times, the result will be a roadblock to further communication between parent and child. Professional counselors have found that they tend to rely more on listening than in questioning, probing or advising. As parents, we have much to gain if we will just listen.

When the time comes for talking, parents will find greater success by talking with rather than to the child. Through such effort, parents can show they respect their child, even when he disagrees with them. One way to move in this direction is by freely accepting the child's ideas, examining them with him, and then mutually exploring possible alternatives. If questioning becomes necessary, it is often more effective to use leading questions, asking "how and what" (which tend to recognize the child's feelings) rather than "why" (which can come across to the child as probing or rejecting). When we talk to our children it communicates how we, the parents, want things done. On the other hand, when we talk with them, all parties are mutually engaged in problem solving which determines the outcome. Through these efforts, we can increase cooperation and enhance the parent/child relationship.

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THE COURAGE TO BE IMPERFECT

Neither parents nor children can be perfect, they are human with human faults. Forgetting our humanness is one of the first serious mistakes we can make upon entering parenthood.

In over-ambitious families, both parents and children lack the courage to be imperfect. Over-ambitious parents want to be the best possible parents. To accomplish this they insist that their children also demonstrate excellence. This implies that children are worthwhile only when they succeed. Unless they are certain of being tops, children may not try.

Our society has such unrealistic expectations that it is difficult for parents to be secure in their roles. A society which is overconcerned with mistakes is expert in discouraging its members.

Often parents who attempt to be perfect are so involved with their children, they believe they must do everything for them. Such "good" parents rob children of self-confidence and independence. Children learn by experiencing both positive and negative outcomes. We must allow them to make mistakes, knowing that this is not necessarily a reflection on us as parents. We need to trust them to be able to learn from mistakes; to build on the positive, not on the negative.

HOW?

Can We As Parents Apply These Principles To Everyday Life Situations

We have listed a few basic techniques and methods as well as examples of how these methods can be implemented by you.

METHODS

Action Better Than Words

In conflict situations, action is more effective than lecturing, moralizing, scolding or criticizing. A child who receives many scoldings soon learns to tune out his parents.

Mike and Suzie were continually battling over which T.V. program to watch. Mother stopped doing the dishes went into the living room and turned the T.V. off. Then returned to the dishes without a word. Three minutes later, Mike and Suzie informed mom they had arrived at a mutually acceptable program and asked permission to watch T.V. again.

Mom chose to act instead of becoming embroiled in a power contest over what show would be watched. She further allowed them to learn that settling their own disputes was something they should do.

CAUTION: Don't Act On Your First Impulse when your child misbehaves. By reacting strongly to unpleasant behavior you may give your child exactly what he wants, attention or the power to control you emotions. Instead, take a breath or two before reacting. This gives you time to consider what is happening, determine the effective response and administer it with less anger. This provides for increasingly calm relationships.

Consider Sam and his parents. Sam was expected to put his toys away in his room each night before going to bed. Sam would resist his mother's instructions, stamp his feet and scream "NO"! His mother yelled back, and spanked Sam repeatedly only to see him become increasingly stubborn and violent in his protests. Finally, Sam's father would come in and encourage Sam, who would then put his toys away. Meanwhile, Sam's mother was left to repair a shattered evening and a worsening relationship with her son.

In discussing the problem, the parents focused on Sam's compliance when his father was present. The following night, mother instructed Sam to put his toys away. He immediately began to protest. Mother simply stated: "Sam when you have your toys put away, tell us, and dad will be in to read you a story." She then left the room. Within minutes, Sam called. His father entered to find his room clear. Sam received a bed time story.

Never Do For A Child What He Can Do For Himself

A child that is dependent upon his parents to do everything for him becomes a very demanding child. They grow up to be irresponsible when parents do not give them the opportunity to practice responsibilities.

Billy, age 13, really had a problem getting up and off to school in the morning. Mother usually had to call him to get up a half dozen times, a venture that usually ended up in a shouting match. Once he was up, Billy usually dawdled around until just before the bus arrived, often missing it completely. When this occurred, Mother, amidst much fighting and yelling, ushered her son into the car and "trucked" him off to school. "I'll probably be taking him to school right up until he graduates," Mother remarked to her husband that night. "The mornings are such a hassle, I sometimes hate to get out of bed."

Billy has his mother well under control. He know that no matter what he does in the morning, she will come to the rescue and get him to school on time. If he is late, Mom will write him an excuse and he'll stay out of trouble. Mother lacked the courage to be firm and even though she didn't approve of Billy's behavior, continued to put up with it.

Billy could be given an alarm o'clock and be made responsible for getting himself off to school. If he fails to get up and misses the bus, it is his problem and he should face the music himself. No matter what arguments the child used, Mother should remain firm and not give in by driving Billy to school.

The Power Of Withdrawal

Withdrawal from the conflict situation is a most impressive step. Simply leaving the child and going to another room or withdrawing mentally from the situation makes it very clear to the child that his inappropriate nagging or belligerent behavior will not get him the attention he is seeking. Vanishing is powerful because children find any attention (be it positive or negative) rewarding, even if they appear to dread a particular punishment such as being yelled at or spanked. They will continue to set up situations in which they are assured of that attention because there is a comfort in knowing that they have our attention.

It is important to bear in mind that we are withdrawing from the provocation and not the child. You will know when withdrawal is appropriate by reviewing the goals of a child's misbehavior. Especially with the first two goals - undue attention and the struggle for power - withdrawal is a most appropriate action because we are taking our sail out of the child's wind. So when you are feeling annoyed (undue attention) or feeling provoked and challenged (power) chances are, your most effective course of action will be to vanish, either physically or mentally.

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Nine month old Jimmy playfully crawled on the floor investigating his world while Mom did the lunch dishes. The dishes finished, Mom put Jimmy into his playpen. He objected and cried, Mom attempted to distract him with some playpen toys, but Jimmy threw himself backward and began to wail. Mom left the room, five minutes later she returned to find Jimmy playing happily with his ball.

Yes, even a nine month old will attempt to get his own way. By vanishing, Mom is taking time for training. She respects Jimmy's decision to try a temper tantrum and yeilds the field to him, but does not give the desired attention or service. In effect, she is taking her sail out of his wind and allowing him to learn that temper tantrums will yeild no results.

Karry and Dad were walking home from an afternoon of Christmas shopping when Karry decided she wanted to stop by the Dairy for a treat. Dad said, "No, we will be eating dinner upon our return home." Karry whined, "Please" and begged. Dad continued to walk, Karry sat down on the busy sidewalk and started kicking her feet and screaming. Dad calmly and quietly walked on without looking back. Suddenly, Karry jumped up and ran to her Dad smiling and skipping. They had a pleasant walk the rest of the way, talking of the approaching holidays.

Once training through withdrawal has been established at home, it is easier to deal with conflicts in public. We can develop a mental withdrawal which is also effective. We meet a severe test when our children misbehave in public. We feel humiliated, because they put us in a position of appearing to be inadequate parents. Children behave in public as they are trained to do at home. The trouble is, children do more misbehaving in public because they sense our vulnerability. However, we can use our mental withdrawal to include all the by-standers. Once our attention is focused upon the demands of the situation and not upon our own personal prestige, we have the key to the solution of the problem.

Overprotection Pushes A Child Down

Overprotection deprives youngsters of opportunities to practice independence and responsibility.

People who are overprotective or who give unnecessary service to a child are sending a nonverbal message, which says, "You are a poor, helpless person, unable to handle this situation without me. I am big, capable and experienced. I will handle it for you." Such people may sincerely feel they are giving to the child, but in terms of long-term effects they are actually taking from the child - taking away his self-respect and sense of achievement. Overprotection may help to make an insecure parent feel stronger, but it is at the child's expense.

We need to trust that children will learn from their mistakes. If we show faith in their efforts they will tend to believe more in themselves.

Our children will be better prepared for responsible, happy adulthood if we let them become independent. The more we help them become self-reliant, the more competent they will feel.

Avoid doing for children what they can do for themselves.

Young Tommy approaches you tearfully complaining that other kids in his class are "picking on" him.

The more effective parent might listen to Tommy, letting him know that his feelings are understood. They could then move on to exploring various ways of dealing with the situation. Once Tommy has decided how he will handle these situations in the future, this parent then encourages his efforts and arranges to discuss the results at a later time.

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Suzie has a math test coming up for which she has not studied. Her overprotective mother believes that the girl would be unable to handle the experience of failure so she pleads and begs the girl to study. Finally, mother sits down with Suzie in an attempt to make the studying easier.

A less protective parent would express his feelings about the reality of the situation, but allow Suzie to make the choice as to how much she needed to study. This parent knows that failing the test will be a consequence of not studying. By allowing Suzie the opportunity to experience failure in this way, she might be better able to avoid and/or handle it in the future.

Natural and Logical Consequences...is a method where parents examine the situation, problem and implement a response or consequence that is directly or indirectly related to the act. Consequently, the child is able to experience the result of his own inappropriate behavior.

Kirk was always late for supper, Mom and Dad talked to him many times about the importance of being on time for dinner. Still, he continued to come late and Mom sometimes even had to warm up the food again for him. Finally, Kirk's parents decided to act. They told their family that supper was to begin at 6:00 and anyone not there would miss supper. The next night, Kirk was late and did not get anything to eat. After a couple more evenings without supper, he decided to be on time. Kirk's parents learned that acting was more effective than scolding.

Jimmy was insistent about handling a hot dish mother had just taken out of the oven. After telling Jimmy several times that it was hot and if he touched it he would hurt himself, she allowed him to experience his own natural consequences. When he touched the dish it was hot and it did hurt him. He gained respect for hot objects and acted accordingly in the future.

Sometimes it is very effective to allow children to experience and learn from their own consequences as well as implementing consequences that are directly related to the inappropriate behavior.

CONCLUSION

It has been our intention to share with you some basic concepts about child rearing practices, we feel can be helpful to all parents. We hope this booklet has been written in such a way it has been easy for you to understand and the principles and methods suggested are applicable. Should anyone reading this booklet desire more information on this subject, contact your local school. Personnel at your local school will be able to direct you to appropriate Keystone Area Education Agency Special Education staff members, who will be able to assist you.

There is no way a booklet like this can adequately explain all effective concepts of parenting. Therefore we have included a list of books, and we would strongly encourage you to do more reading on this subject.

REFERENCES

Children The Challenge by Rudolf Dreikurs, Hawthorn

The Challenge of Parenthood by Rudolf Dreikurs

P.E.T. by Dr. Thomas Gordon, Syden Books

P.E.T. in Action by Dr. Thomas Gordon, Syden Books

Parents on the Run by Marguerite and Willard Beecher Galahad Books

Living With Children by Gerald R. Patterson and Elizabeth Gullim, Research Press

Logical Consequences by Rudolf Dreikurs and Loren Grey, Hawthorn

The Family Council by Rudolf Dreikurs et al, Hawthorn

Encouraging Children to Learn by Rudolf Dreikurs, Hawthorn

Discipline Without Tears by Rudolf Dreikurs et al, Hawthorn

Dibs In Search of Self by Virginia Akline, Ballantine Books

Liberated Parents - Liberated Children by Adel Faber and Elaine Mazlish, Grosset and Dunlap

Between Parents and Child by Haim Ginott, McMillan

People Making by Virginia Satir, Science & Behavior Books

Parents are Teachers by Wesley Becker, Research Press

Raising a Responsible Child by Don Dinkmeyer and Gary McKay, Simon and Schuster

The Basics of Practical Parenting by Ken Marlin, Practical Parenting Publications

The ABC's of Guiding the Child by Rudolf Dreikurs and Margaret Goldman, Rudolf Dreikurs Unit of Family Education Association

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AREA: Home Management
LEVELS: PIJS

PARENT READINGS LIST

ABC's of Child Discipline by Raymond Corsini and Genevieve Painter; Easy to understand techniques to make disciplining less negative, including use of natural or logical consequences.

ABC's of Guiding the Child, The by Rudolf Dreikurs and Margaret Goldman, Rudolf Dreikurs Unit of Family Education Association.

Basics of Practical Parenting, The by Ken Marlin, Practical Parenting Publications.

Between Parent and Child by H. Ginott; A familiar and excellent book offering suggestions for analyzing and improving the relationships between parents and their children.

Challenge of Parenthood, The by Rudolf Dreikurs.

Children: The Challenge, by Rudolf Dreikurs, Hawthorn.

Children With Learning and Behavior Problems: A Behavior Management Approach by Dr. William Gardner; Describes approaches to behavior management for parents and teachers.

Dibs in Search of Self by Virginia Akline, Ballatine Books.

Discipline Without Tears by Rudolf Dreikurs et al, Hawthorn.

Encouraging Children to Learn by Rudolf Dreikurs, Hawthorn.

Family Council, The by Rudolf Dreikurs et al, Hawthorn.

Glad to be Me: Building Self-Esteem in Yourself and Others Dov Peretz Elkins, Editor.

How to Live with Another Person by David Viscott; including section on "the rights kids and parents have".

Liberated Parents - Liberated Children by Adel Faber and Elaine Mazlish, Grosset and Dunlap.

Living With Children by Gerald R. Patterson and Elizabeth Gullim, Research Press.

Logical Consequences by Rudolf Dreikurs and Loren Grey, Hawthorn.

Parent Effectiveness Training by T. Gordon; a book offering useful methods fo solving conflicts and improving communication between parents and children.

Parent Effectiveness Training in Action by Dr. Thomas Gordon.

Parents are Teachers by Wesley Becker, Research Press.

Parents on the Run by Marguerite and Willard Beecher Galahad Books.

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Raising a Responsible Child by Don Dinkmeyer and Gary McKay, Simon and Schuster.

OVERVIEW

Autism is a little understood disorder. Some autistic children are profoundly disabled, others exhibit only a few of the commonly accepted signs of autism -- extreme autistic aloneness; an obsessive drive for maintaining sameness in the environment; stereotypic, repetitive actions; severe language delay; severe functional retardation. While there is a great deal of argument about the causes and treatments of the disorder, the bulk of the evidence suggests that autism is a physiological problem and not a reaction to trauma, home environment or parents.

The reader should understand, however, that in total the scientific evidence relating to autism is thin indeed. Whether the question is, "What is autism?", "What causes autism?", "Can it be cured?", "What becomes of the autistic child when he grows up?", or "What are the most effective treatments?", most of the answers are products of belief, or, at best, limited research evidence. There is much to be done to get us beyond the stage of belief systems based primarily on limited clinical evidence.

Part of the difficulty in gaining evidence is that autism is relatively rare. Recent prevalence estimates of child psychoses in England and the United States range from two cases to 4.5 cases per 10,000 persons (Hingtgen and Byron, 1974) and autism is not the whole of child psychosis. Childhood schizophrenia is considered to be another distinct entity, sharing that very limited prevalence. But to compound the problem, there is disagreement about the diagnostic signs characteristic of autism and of childhood schizophrenia, differential diagnosis between the two is difficult, several different diagnostic systems for each syndrome have been proposed, and agreement among each set of symptoms within systems varies. A comparison of five systems of diagnosing autism and schizophrenia found the different scales to be significantly correlated but with an overlap of no more than 35% (DeMeyer, Churchill, Pontius, and Gilkey, 1971). Thus, part of the confusion about autism begins with the absence of agreement about the signs and symptoms that characterize it and that separate autism from child schizophrenia.

Infantile autism was originally described by Kanner (1943). He listed 12 characteristics of the syndrome, of which the four major points were extreme autistic aloneness, expressed by the inability (from birth on) to relate to people and situations normally; and obsessive desire for maintaining sameness in the environment; stereotypical, repetitive actions; and echolalia, whether immediate or delayed. Later symptom lists all have a debt to Kanner, regardless of their additions or subtractions. The diagnostic symptom lists used in the articles reviewed here were those of the British Working Party (Creak, 1961, 1964), Rimland (1964), and Rutter (1969).

The British Working Party (BWP) proposed nine diagnostic points for "schizophrenic syndrome in childhood". The results of DeMeyer et al.'s comparative study suggest that this syndrome is actually similar to what other authors call autism. Although not all nine points are considered necessary for diagnosis, two points are almost always present: gross and sustained impairment of emotional relations with people and serious retardation with islets of normal or above normal skills.

Rimland proposed nine major symptoms of autism and compared the symptoms that he saw as characteristic of autism and of schizophrenia. The two major signs of autism were autistic aloneness and an insistence on being left alone in an unchanging environment.

Rutter reported on a system of classifying psychiatric disorders in childhood, developed under the sponsorship of the World Health Organization. The category of infantile psychosis includes early infantile autism, for which five diagnostic signs are listed, including disturbed interpersonal relationships, distorted language development, and stereotypical behaviors.

There are also available a number of observational studies of the behavior of children diagnosed as psychotic, many summarized by Hingtgen and Bryson (1974). These children show behavior that is remarkably stable and relatively unaffected by environmental effects or fatigue. They are relatively inattentive to adults and other children and engage in limited constructive play. Their actions include much repetitive, non-functional manipulation of environmental fixtures, objects, and their own bodies, sometimes including self-mutilation. Children diagnosed as autistic look less at all environmental objects, including adults, than do normal children. When they look at adults, they do so without making the behavioral responses considered indicative of attention in normal children. Abnormalities of speech and communication are usually present.

Educational Treatments

Many parents feel a sense of guilt of self-blame for their child's disorder, which while understandable, is rarely appropriate in view of what is known about the nature and causes of autism. To be most efficient, treatment programs need parental help to succeed, thus educators should expect to work closely with parents in joint planning and instructional activities. Since progress with the child ordinarily comes quite slowly, even under the best of circumstances, a consistent treatment style at home and at school is desirable. Thus, teacher and parent mutual cooperation is essential. At the same time, such cooperation helps allay self-blame, when it exists, and provides necessary emotional support on both sides when progress is slow, as it is certain to be. Autistic type children provide few daily rewards to those who teach them, but the cooperative efforts of parents and teachers in shared activity often provides helpful reinforcement to one another.

Educational treatment programs ordinarily must concentrate on teaching the child skills of self-care, language, socialization, and pre-academic and academic development. While doing so, they must teach far more than the skills themselves. Not only must the skill be taught, but the motivation to use that skill appropriately must be developed as well. When most successful, the educator and parent will have taught the child (or, in some instances, drawn out of the child, since it is not always a matter of putting something in) full human functioning with appropriate emotions. Not just to speak words, but to want to speak appropriately as the situation calls for it; not just to respond to command but to feel normal emotions and demonstrate those emotions in normal ways. Although those goals are seldom fully realized with autistic children, notable progress is common; that they occasionally are attained completely is further reason to hold them for all such children.

In the United States, there are three major styles of eductional programs. One may be termed psychological. This type of program is associated with psychiatric treatment such as that described in Dr. Bruno Bettleheim's essay, Joey, and in his many books. Underlying the treatment is Freudian psychoanalytic theory which directs play therapy and interpretations made of the behavior observed and, when possible with autistic children, talking therapy. The goal of psychological treatment is to ease the emotional distress of the child so as to allow him to learn and to develop essentially normal social responses.

An example of a second program type, perhaps best labelled behavioristic, is that described by Kozloff in his book, "Reaching the Autistic Child: A Parent Training Program". Kozloff's approach assumes that the child's autistic behavior modifies the behavior of parents, whose behavior in turn modifies that of the child; thus in his view the child's autistic activities are reinforced and shaped by the parents. For example, autistic children often make stereotyped, bizarre movements. Kozloff believes that parents strengthen the tendency of their autistic child to do such things when they use inappropriate means to stop such behavior. A great deal of attention is paid to the child for strange behaviors, and this attention reinforces such activity. Generally, after the child's repertoire of behavior is fully known, Kozloff's program recommends behavior modification techniques to extinguish bizarre activity and to teach more acceptable behaviors.

There is yet another approach to education and training which combines aspects of both psychological and behavioristic programs, usually referred to as psychoeducational treatment. This program encourages a strong affectional relationship between teacher and child in order to get on with skill building despite intrapsychic or interpersonal problems facing the child. Task analysis, reinforcement techniques particularly social reinforcements, and physical guidance and manipulation are all used to improve children's responses. Parents are taught about the program's techniques and continue to receive services from the program whenever they wish even when the child has moved on to public school programs. This program is described in detail in Uwe Stuecher's book entitled "Tommy: A Treatment Study of an Autistic Child" (1972) and in the film, "Children - Lost and Found".

Where can parents expect to find information about programs for autistic children? Often, universities and public school systems have special education programs. State departments of education, state health offices, state councils on developmental disabilities and similar offices usually can help one find appropriate resources.

An example of a program in a public school system is the Minneapolis Public Schools' Hans Christian Andersen program for autistic and autistic-like children. According to a description of the curriculum, an individualized data based program is developed for each child. The program follows these steps:

1. Observation of the child to determine which teaching methods are most appropriate.

2. Individualized curriculum design for the child.

3. Daily and long term schedule of teaching set up for each child.
4. Reduction of maladaptive behaviors started.
5. Parent training begins in home and in school.
6. Development of normal peer relations when possible.
7. Mainstream child in normal classes or special classes.

The primary components of the Minneapolis program are communication, self-care, socialization and academic skills. Preacademic and academic training are incorporated in the autism or learning disabilities program of the school depending on the child. Note that parents begin training in this program after an initial behavior management plan has been designed for the child, so that mothers and fathers very early can participate in training their child at home.

Still another example of providing for such children is the Judevine Center of St. Louis and Judevine Center for Illinois which operate learning and treatment day programs which local children attend during the same hours as school is in session. Reportedly, both states recognize this as appropriate educational placement for autistic children. While each child has an individually planned program it is designed to promote his development as a group member so that he can eventually function in a public school class with a minimum amount of individual attention. Emphasis is on language acquisition (oral speech, signed speech, symbol language, written language) and social behavior.

A unique feature of the Judevine Center for Autistic Children is the program for staff development and support. Four kinds of training are offered: Training for parents to help them live comfortably with their autistic child at home and enhance his development in daily work sessions; training for certified teachers and other professionals to help them adapt methods and skills so that they are effective with autistic children singly and in groups; para-professional training for persons who want to serve as aides in the classroom or elsewhere; and training for program administrators which enable them to conduct the first three types of training in their own program and gives them additional information for program planning and monitoring that they will need.

Bruce Balow and Guynel Reid, Autism Sourcebook for Parents and Professionals, University of Minnesota, 1978.

This section has been subdivided into four areas: (1) General Information on Autism and its Treatment, (2) Diagnosis and Assessment, (3) Communication, and (4) Programming Suggestions.

RESOURCES

(Autism)

An Approach to Teaching Autistic Children, National Society for Autistic Children

Autism: A Practical Guide for Parents and Professionals, National Society for Autistic Children

Autistic Children - Guide for Parents, National Society for Autistic Children

Benhaven's Way, National Society for Autistic Children

Developmental Language Lessons, Levels 1 & 2, Teaching Resources Corporation

Educational Model for Autistic Children, Orange County School District, Florida

Effective Teaching Methods for Autistic Children, National Society for Autistic Children

How To Use Modeling and Imitation, H & H Interprises

Language Rehabilitation Program, Levels 1 & 2, Teaching Resources Corporation

Parents Are Teachers, Research Press

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AREA: General Information

Working Definition of Autistic Children
as Adopted by the
Board of Directors of the
NATIONAL SOCIETY FOR AUTISTIC CHILDREN
June 27, 1977

Autism is a severely incapacitating life-long developmental disability which typically appears during the first three years of life. It occurs in approximately five out of every 10,000 births and is four times more common in boys than girls. It has been found throughout the world in families of all racial, ethnic and social backgrounds. No known factors in the psychological environment of a child have been shown to cause autism.

The symptoms are caused by physical disorders of the brain. They must be documented by history or present on examination. They include:

(1) Disturbances in the rate of appearance of physical, social and language skills.

(2) Abnormal responses to sensations. Any one or a combination of sight, hearing, touch, pain, balance, smell, taste, and the way a child holds his body are affected.

(3) Speech and language are absent or delayed while specific thinking capabilities may be present. Immature rhythms of speech, limited understanding of ideas and the use of words without attaching the usual meaning to them is common.

(4) Abnormal ways of relating to people, objects and events. Typically, they do not respond appropriately to adults and other children. Objects and toys are not used as normally intended.

Autism occurs by itself or in association with other disorders which affect the function of the brain such as viral infections, metabolic disturbances, and epilepsy.

On IQ testing, approximately 60% have scores below 50, 20% between 50 and 70, and only 20% greater than 70. Most show wide variations of performance on different tests and at different times.

A Short Definition of Autism

Autistic people live a normal life span. Since symptoms change, and some may disappear with age, periodic reevaluations are necessary to respond to changing needs.

The severe form of the syndrome may include the most extreme forms of self-injurious, repetitive, highly unusual and aggressive behaviors. Such behaviors may be persistent and highly resistant to change, often requiring unique management, treatment, or teaching strategies.

Special educational programs using behavioral methods and designed for specific individuals have proven most helpful.

Supportive counseling may be helpful for families with autistic members, as it is for families who have members with other severe life-long disabilities. Medication to decrease specific symptoms may help certain autistic people live more satisfactory lives.

This short definition is based on the Definition of the Syndrome of Autism, the official definition adopted by the Board of Directors of the National Society for Autistic Children, 1977. It is a working definition, and will be altered as indicated by the results of ongoing research.

IOWA PERSPECTIVE

News of Programs for Emotionally Disabled and Chronically Disruptive Students January, 1978
Iowa Department of Public Instruction

Autism -- A Professional Challenge

Carl R. Smith
Consultant
Emotional Disabilities and Chronically Disruptive

Educational programming for youngsters appropriately identified as "autistic" or "autistic-like" is an area new to many of us. As with other "emerging" areas in special education, we are being called on to develop educational programs with little information being provided.

This issue of *Perspective* contains two articles dealing with this area. Ms. Toland's article outlines many of the concerns I have heard voiced by parents of these youngsters pertaining to the search for appropriate programs to meet their children's needs.

Ms. Furlong's article briefly describes the program for autistic type children operated by Child Psychiatry Services at the University of Iowa in Iowa City. Other programs serving this population of handicapped pupils are found in our public schools.

The term "autism" is not specifically found in our *Rules of Special Education* (1977). But this is not intended to imply that such youngsters are not considered handicapped in our state. When asked to define this population, I typically refer to the definition as referred to in Chapter 444.12 of the Iowa Code:

> **"Autistic children" means persons, regardless of age, with severe communication and behavior disorders that become manifest during the early stages of childhood development and that are characterized by a severely disabling inability to understand, communicate, learn and participate in social relationships. "Autistic children" includes but is not limited to those persons afflicted by infantile autism, profound aphasia and childhood psychosis.**

It is our responsibility to develop appropriate special education programs for this population of handicapped pupils. I hope that these two articles serve as a stimulus for doing so.

Autism -- A Parent's Perspective

by
Ms. Connie Toland
Quad-Cities Society
for Autistic Children

One thing we all want is **progress**, which demands more information. I feel that the facilitation of progress in an area such as autism is helped through a specific, concentrated focus on this condition as a distinct, unique disorder. One goal of this article is to help in this concentrated force, and therefore resist the too frequent tendency to lump autism together with other problem areas because it has certain features or symptoms which appear similar to other handicapping areas.

The National Society for Autistic Children (NSAC) was founded in 1965 by psychologist and prominent autism authority, Bernard Rimland. Aside from his academic credentials, Dr. Rimland is the father of an autistic child. Following his leadership, many other bright, energetic, as well as frustrated and desperate parents, were rapidly drawn into the movement. Many of these people, in addition to having helped to develop the national movement, have made outstanding contributions to the professional literature surrounding autism. All of this implies the beginnings of an aroused public awareness and conscience and a gradual turning of professional attention and interest to this heretofore sadly neglected area of concern.

Ruth Sullivan, an early president of NSAC and one of our hardest working and most respected officials, stated in the 1975 *Newsletter of the International Society for Autistic Children:*

> **Struggling individual families of autistic children in the United States, still mired in the incredible problems of trying to get adequate help must find it hard to**

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> believe that conditions, generally, are improving. However, when one lifts his eyes to the national picture, bright patches are seen over the land. The turning of events is like the beginning of a fever breaking in a life-threatening infectious illness. At the peak of the threat, one prays only for survival. Once that becomes a real possibility, one then prays for full recovery. In a way, the fever has already begun to break. Most professionals in the health field can now spell the word, "autism." Quite a few can describe it, and a growing number have a good understanding of the condition and how to cope with it. It was only a dozen years ago that the local Mental Health Association in my city suggested, when I called for information, that I contact the Institute of Art and History.

I might say parenthetically, that although this may seem a bit ludicrous to Iowans who have begun to develop a bit of familiarity with the problem of autism, I can assure you that what may have happened in this regard on the East Coast, or the West Coast (or Huntington), a dozen years ago, can still be replicated in this part of the Midwest today. Our local chapter, the Quad-Cities Society, has been in existence almost four years--long enough to be taken somewhat seriously (though not funded)-and has wound up on an increasing number of mailing lists of various local agencies. We receive such things as questionnaires related to surveys they may be taking or planning; or they may make inquiries regarding our interest in such widely varying areas as: abused or neglected children, incest, employment training, or our projected need for counselors and so on. But whatever--the overriding impression created is one of a vast deficit of understanding regarding the nature and needs of the autistic population. And this is not the general public, of course, but various health and welfare-related organizations, including occasionally a mental health association, or mental health center.

Thus, it can be painfully apparent to certain chapters around the country (like ours!) that improvement on a national level doesn't necessarily translate into an immediate beneficial change in a given local area or region. Still, even in our part of the Midwest, the "assault on the vast ignorance, apathy, misinformation, unfair laws, cruel administrative policies, and general hopelessness about the disorder" has had an impact; and, to pick up Ruth Sullivan's medical metaphor: "The fever has begun to break."

This state of affairs, however, does indeed represent only an initial hopeful sign, rather than anything resembling even a measure of recovery. The initial gains, as reflected in enhanced public awareness, mandatory education laws, new biochemical and neurological research approaches, have created an awareness that reaching such a stage, however encouraging, brings in its wake new challenges, problems, issues, and decision-making requirements.

A restive attitude seems to be developing on the part of many parents--a nagging feeling that more must be learned; that public school placement, per se, has not really solved the problem, or necessarily resulted in an appropriate or satisfactory program; that the most difficult children are still not being served; that no significant amount of attention is yet being given to long-range needs.

Much of the concern seems to be reflected in stepped-up advocacy and "watchdogging" activities. Our national newsletters seem to increasingly reflect the enormous effort that is being put forth to keep up with legislative developments, regulations, guidelines, grants, as many of our national officials become increasingly entangled in the bureaucratic jungle. I do not want for a moment to appear to diminish the importance of such activities--far from it!

Many of our people who are currently involved in political activity are some of the same ones to whom such enormous credit is due for their heroic and brilliant efforts in the early days of the movement when it would have taken all kinds of courage and ingenuity to have moved a stone--much less a mountain! We urgently need them and their constant policing, unearthing and "gadflying," which, it seems, must never cease if we are to overcome.

However, the new challenges posed by some of the emerging problems seem to call for an increased amount of grass roots input if the right directions are to be taken to assure optimal benefit to all the autistic children, not just a fragmented few. And so, perhaps it behooves the rest of us who have developed strong convictions about these matters to get into the fray a bit and speak our minds.

One of the fundamental issues generated by the new education mandates, and the increased flow of public money into the realm of therapy and education for autistic children revolves around how best to spend the money. This directly relates to the types of programs and facilities which should be developed to best serve this population. Many parents, naively assuming that once legislation and money were assured their problems would be solved, left implementation in the hands of the professional establishment. However, growing expressions of dissatisfaction in many quarters suggest that some parents are facing what many of us have experienced for years.

Specifically, it is no accident that there has been such a long delay in the provision of services for this type of child who presents such a formidable challenge. Such a challenge has caused many professional workers to hastily and consistently look the other way or to take a firmly fatalistic stance as represented by admonitions such as, "not enough is known; it is just too difficult; there is nothing we can do." How could anyone realistically expect that legislation and appropriation of money would suddenly transformed the situation, where hardly a shred of understanding, knowledge or expertise was available?

In the face of these facts, parents' own activities and input into this major decision area would seem to be enormously important--not only because they are not influenced by having an empire they wish to protect or expand, but also because they are closest to the children. They also have the most first-hand knowledge--and certainly the deepest personal concern, unmatched by that of any outsider, however sympathetic and dedicated. But, at the present time, this logic will probably not prevail, or have much influence in shaping the course of events. This is reflected in the recent "normalizing" and "mainstreaming" mania which has permeated the world of social planners and special educators.

These "normalizing" principles were initially conceived of and espoused by those concerned with the mentally retarded. These people were convinced of the importance of placing this type of handicapped person, in both living and working arrangements, in direct contact with so-called "normal" peers. The spreading of this influence, manifested in some cases by combining all types of handicapped youngsters in one program, have resulted in such concepts as "least restrictive

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environment" and "least segregated setting" as almost a panacea for all handicapped pupils. Apparently the de-labeling fervor, which has been part of this trend, works greatly to the advantage of those administratively responsible by simplifying program planning, effecting economy, and possibly in expanding empires or departments. We are all reminded in effect, that "**Big is Better!**"

Quite recently, however, the normalizing and mainstreaming principle, philosophy, fad, or whatever, has begun to be challenged as it relates to psychotic, or other seriously behavior-disturbed children. The "**Parents Speak**" section of the most recent *Journal of Autism and Childhood Schizophrenia* was devoted to this topic, containing articles and comments, most of which were critical and full of repeated references to the difficulties encountered when attempting to apply a rigid system to these children. Gary B. Mesibov, Ph.D., of the Division for Disorders of Development and Learning of the Biological Sciences Research Center, University of North Carolina, in his significant article, "Implications of the Normalization Principle for Psychotic Children," states:

> **Because this group of psychotic children represents an extreme group in terms of their deviance from the normal population, the problem of integrating them into society is a most difficult one. . . . Because of their severe behavioral difficulties and extreme needs, psychotic children, even more than other groups of handicapped children, are in need of very specialized and individualized instruction.**

The point is made by Ruth Sullivan, in a comment in the same series, that there is, of course, an enormous range in severity in the population Mesibov calls psychotic. However, it is my impression that there are more similarities than differences between the higher functioning and lower functioning autistic youngsters. At any rate, mainstreaming for the better-functioning, and less behavior-disturbed, should it prevail, should not preclude development of a different type of program and setting--"segregated" although it may be.

A small therapeutic and educational day center, geared to coping expertly with serious behavioral handicaps while offering high quality special education programs, could provide closer to normal living for this kind of very special child than many parents would have ever dreamed. We should remember that autism is a true handicap, just as surely as poor eyesight or a faulty limb. Such a structure allows the youngster to live in his own natural home, with his natural parents, aided and supported by a community gradually made helpful and understanding via well-planned and specific publicity efforts. Let's hope that the provocative *Journal* expressions cited above will bring more discussion and attention to this matter; a concept so important for parents of behaviorally disordered children.

Closely related, and of almost equal concern, is the matter of immediate and long-range planning for those of adolescent age and beyond. More and more frequently the question is being asked: "What can we do for our older children?"

I would like to attempt to answer that. For one thing, we can stop taking the easy way out by going along with those who place them in inappropriate workshop situations, obviously designed for another type of handicap. For another thing, we can quit putting so much emphasis on chronological age, per se. If a youngster has been developing increased responsiveness and rapport; if better communication is continuing to develop; if a measure of adaptation can still be instilled; if there are ample opportunities to make use of higher-level abilities; if activities to help improve functioning on a practical level are provided; if a program instills a sense of worth and encourages a zest for participation--then why worry about changing programs, directions or philosophy because a certain date has occurred on the calendar?

As Mrs. Sybil Elgar, director of Somerset Court, a senior school for autistic children in England, pointed out at a recent NSAC meeting, that most of these children have a maturational lag in certain areas which slowly improves with the passage of time. This permits achievement and benefit from various social and educational offerings far beyond the usual cut-off time. And, as she said, to cut them off--just because of their chronological age, at a time when they may finally be able to enjoy or progress in some of these areas, is wasteful of previous time and effort, as well as most tragic for them and their families.

As one who has had first-hand experience with this kind of tragedy, I am aware of the supreme importance of enlightening all of you regarding the meaninglessness of chronological age with autistic or other psychotic-type children. Where the developmental pattern is so unusual that near-genius level abilities may coexist with infantile emotional reactions; where baffling paradoxes and variations in response and performance pose a continual perplexity and where subtle and elusive learning problems seem to hold back and often obscure what Bernard Rimland has referred to as "the provocative nearness of an unusual cognitive potential," it seems like utter folly to anxiously focus on age.

Fortunately, there are beginnings of what promise to be appropriate and excellent combined day and residential facilities in this country for the older autistic children. An Ohio teacher is developing a school and program modeled along the lines of Mrs. Elgar's Somerset Court. Two well-established day schools for autistic children are now developing residential components for the older students. It is only a bare beginning, but it could be the start of a trend, which if continued, would help assure the best possible future for the student-residents in the very special atmosphere which only those who really understand autistic children can provide.

This brings me to the matter of personnel. Parents are keenly perceptive here and display almost instinctive judgment in sensing which people are "right" for their unusual and difficult youngsters. Personal qualities such as a special sensitivity, a zest for the work, a temperament, a certain attitude, although difficult to specifically define, all blend into the person we say "has it!" This combination usually has nothing to do with the number of degrees held or courses taken or whether or not there is a certificate for us to scrutinize. While I fully recognize the necessity for standards and certification, I would be less than candid if I did not make the point that many of us concerned about the welfare of our disturbed children have had experiences in the past which make us feel that securing the right kind of people is of overwhelming importance. In fact, this is probably the single most important challenge facing public education, if there is any hope of its beginning to meet the needs of autistic children.

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Although I do not believe that our National Society has given this fact enough emphasis, it is true that one of the most important personnel resources rests within the parents themselves. In fact, the incomparable problems and difficulties dictate intensive parent participation if there is to be any chance of significant improvement. As Ivar Lovaas, well-known pioneer in behavior modification work with autistic children, concluded several years ago, "There is no way to go about this other than through the parents. The only way these kids can be taught is by parents who can be with them all their waking hours. Professionals don't even make a dent." This may be a slight overstatement and, to be fair, parents often feel as if they don't make a dent either. However, the attitude and philosophy represented by such a statement in its inference to the magnitude of the problem and the need for a really in-depth and prolonged attack is surely eminently correct.

I was delighted that at a recent meeting held in Iowa, one of the main speakers was Dr. Eric Schopler. Since the founding of his famous TEACH Project in North Carolina a number of years ago, Dr. Schopler has made outstanding contributions to the cause of autism through his thoughtful writing and dissemination of important information and philosophy.

But perhaps what is unique and most valuable about Dr. Schopler's contribution is his bold and forthright dedication to the principle of parent Status (capital "S" I believe); to the actual implementation of direct, active parent involvement as therapists and teachers of their own autistic children. And, imagine this, he regularly uses parents in the classroom, where, as he described it, "the mystique of professional superiority was largely dispelled, and the caste system abolished."

Unfortunately, this idea has apparently not gained wide acceptance beyond rhetoric or tokenism, but both parent and professional leadership is greatly needed to see that parents have and accept a bigger piece of the action. Of course there are different degrees of proficiency and interest among parents; and, naturally, there will always be extenuating circumstances in some cases. But this is no reason to discard the whole idea. With so much to be done, with so much to be learned, with excellence the imperative--how can we afford the luxury of permitting this valuable resource to be wasted?

Although education therapy often seems to command most of the attention, let no one underestimate the parents' avid interest in research--especially in the continued search for some kind of safe, effective chemo- or nutritive therapy to help alleviate at least the most severe behavioral symptoms and perhaps contribute to better integration and functioning. Although we realize that the so-called orthomolecular approach, as initiated by Linus Pauling, and picked up by Bernard Rimland (who conducted a nationwide megavitamin study in which many children of NSAC parents participated) does not find favor with the medical profession in general, I have yet to find a parent who does not get enthusiastic about this type of exploration. We find the theory, at least plausible and therefore worthy of continued investigation.

In 1974, neurologist Mary Coleman, with a team of biochemists, conducted a pioneering study to obtain possible leads on biochemical factors related to autism. This nationwide study, sponsored by NSAC, utilized Rimland's diagnostic information and included almost 100 children from around the country. The parents cooperated for preliminary urine and blood sample mailings and then eagerly trekked to Washington D.C. in the summer of 1974 to complete the major part of the study. Most of you in medicine must be well aware of Dr. Coleman's volume, *The Autistic Syndromes*, which contains a full report of her important study. This study furnished enough leads to keep plenty of people busy for a long time.

In connection with our high interest in nutritive therapy or other biochemical approaches, some of us have become interested in the Iowa Schizophrenia Association which periodically sponsors speakers in Iowa who have been working in this field. We think it is appropriate that NSAC's honorary board chairman for 1977, actress Joan Woodward, is also involved with the Huxley Institute for Biosocial Research, which attempts to recruit physicians for specialized training.

Of course, we recognize that there are many other research approaches besides biochemistry, including neurological and educational approaches. However the latter area is not receiving the attention it should. Unfortunately, public education is not geared to this kind of endeavor. In any event, NSAC attempts to constantly encourage and keep abreast of all that is occurring in the research area.

In closing, I would like to say that the value of empirical findings should not be underestimated in all of this. Parents who work closely with their own children, and thus have an in-depth understanding of them, are well-equipped to make a significant contribution to the research effort by the development of interesting leads, as many of us already have done--in such areas as sensory-integrative, speech and language, symbolic abilities, and concrete relationships. These take the form of endless, intriguing, puzzling, exasperating, FASCINATING questions. We are looking to the hardiest of you in medicine, psychology, and education to help us answer them.

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IOWA PERSPECTIVE

News of Programs for Emotionally Disabled and Chronically Disruptive Students
Iowa Department of Public Instruction

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Current Issues in Programming for Autistic Children and Young Adults

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When discussing issues in programming for autistic children, one can approach the topic from a variety of levels: highly theoretical and somewhat arcane to completely practical; and one can focus upon highly specific, narrow matters or sweep broadly, hitting the high spots. This article will deal with issues that I regard as highly practical for educators and will touch upon several that I regard as important, rather than treating one issue exhaustively.

The article examines six issues. Four of them are essentially professional and two are in the "real world." The four professional issues are: 1) Who is this person called autistic? 2) What is the best placement? 3) How do I figure out the program needed? 4) What treatment style should I use? The real world issues are: 1) cost effectiveness and 2) influence on policy and politics.

Who is this person called autistic?

Everybody knows and nobody knows. I recently had the opportunity of working with several professionals identified as experts on autism and found that one of them could not accept the notion that autistic children could possibly be verbal or could have enough social skills to be integrated with non-handicapped children in the public schools.

In This Issue:

"Current Issues in Programming for Autistic Children and Young Adults" by Bruce Balow

"A Parent Responds" by Nicole Raaz

"An Iowa Professional Responds" by Polly Nichols Arp

"Autism: A Legislative Issue"

Such children, to his way of thinking, were wrongly diagnosed as autistic; he showed no difficulty whatsoever in simply dismissing the judgments of a group of skilled professionals who believed that the children they worked with were indeed autistic. To him, a group of autistic children could not have language, could not function in groups, and could not be integrated with non-handicapped children in school. To him, the autistic child was clearly and very narrowly defined. Such a child had to have severe problems with language and communication (preferably having no language at all, or at best, being echolalic), be severely retarded in functional behaviors, show bizarre behaviors and strongly demonstrate the characteristic of autistic aloneness.

Historically, autism has been considered similar to, if not indistinguishable from, childhood schizophrenia and certainly one of the psychoses. Increasingly, however, people are suggesting that it is far more similar to severe and profound retardation than to emotional disturbance. Also, by reason of suspected etiology, course of the syndrome and likely long-term future, it is more clearly a severe functional disorder with physiological causation than an emotional disorder.

Consider the literature on autism and the enormous disagreement about the diagnostic signs characteristic of autism. In 1971, DeMyer and others made a comparison of five systems of diagnosing autism and childhood schizophrenia and showed that the different systems overlapped no more than 35 percent, although they were significantly correlated (DeMyer, 1971).

Leo Kanner, who originally described the syndrome of infantile autism in 1943, listed 12 characteristics of which four were judged to be of particular importance. These were extreme autistical aloneness, an obsessive desire for sameness in the environment, stereotypical or repetitive actions, and echolalia (Kanner, 1943).

Creak (1961, 1964) proposed nine characteristics for "schizophrenic syndrome in childhood," with two of the nine of major importance. These were gross and sustained impairments of emotional relations with people and serious retardation with islets of normal or above normal skill.

DeMyer indicated that the schizophrenic syndrome in childhood about which Creak wrote is essentially what other writers have called autism. Rimland (1964) has also put forward nine characteristics of autism and selected two as major indicators; these are autistic aloneness and insistence on being left alone in an unchanging environment. Five diagnostic indicators of autism were listed by Rutter (1969), who highlighted the problems of relating to others, distortions in the language and stereotypical or repetitive behaviors.

These groupings of diagnostic criteria, according to DeMyer, show that 35 percent of the descriptors identifying the syndrome are the same. Beyond this limited agreement, it should be clear that each of these definitions is simply an aggregate of descriptors. Thus, at this point all the major definitions are simply lists of signs or symptoms, showing general agreement at the core but much disagreement on the edges.

From the standpoint of selecting a categorical group or special class, how much of any one characteristic does a child need to exhibit to be considered autistic? How often must a child show a particular sign or symptom? Is the child autistic if he shows two out of nine, or three out of five? Does it matter whether the chld shows one or two major symptoms and none of the minor ones? Is a child who is considered autistic according to Kanner's system also considered autistic by a person following Rimland's criteria? If child "A" shows the first three symptoms of the Creak British Working Party list and child "B" shows the last three, but no overlapping symptoms are found between them, are both autistic? Is neither autistic? As we professionals exercise our judgments about children suspected of being autistic, it should be clear that we are dealing in guesswork, not science.

Finally, in the matter of definition, even if we could agree on one specific set of descriptors, the problem of how much a child shows a particular characteristic is still at issue. Rarely will you find a description of a group or class of autistic children which indicates with any degree of precision the extent to which each child shows the various characteristics claimed to represent autism. Individual differences between and among such children are obviously large.

The issue, of course, is that we really are not clear about who we're talking about. In view of the definitional problem, unsolved after 35 years and unlikely to contribute much to programming decisions anyway, what is the point to focusing on narrow interpretations of signs and symptoms? It is sensible, for programming, only if one believes a homogeneous group will result and that that will simplify treatment. I doubt we can get there from here.

The alternative to forcing a child/label fit and responding to stereotype by narrow ranges of placement is a functional analysis of the individual child's needs. We will come back to this a bit later.

What is the best placement?

Low incidence and a current bias against separate state facilities for severely handicapped persons largely, but not totally, eliminate some standard "solutions" that were widely used in the past. State hospitals are a far less common choice of placement for a severely handicapped child than was true even 10 years ago. In Minnesota, for example, in the past decade the number of retarded persons in state institutions has dropped by half and new initial placements are few.

The self-contained special class has also fallen out of favor in the last several years in response to the "normalization" principle and the notion that separate cannot be equal. Federal court cases and national and state legislation now generally push for least restrictive placements; for school age children that generally means the regular public school. For children with severe, low incidence handicaps, such as autism, there is still a tendency to try to arrange a self-contained, separate placement, but if a given autistic child is the only one in town, or in the region, there is not likely to be an "autistic class" readily available. Nonetheless, there often will be strong attempts made to arrange such a class locally or in a neighboring region.

The pressures to move away from segregated special placements are highly desirable. Making such placements extremely difficult to obtain precludes the unthinking, stereotypical response to autism. In the absence of segregated placements, we professionals are forced to carefully analyze the functional behavior of the child and plan a specific program that fits the particular child's special needs. It may be that such an analysis will lead to more creative planning for the child: considering placement in programs for the severely retarded, for the mildly retarded, for behavior problem children, in a regular class of the same age or younger age children, or even a step-wise program that begins with individual tutoring of the child and then gradually leads into broader and broader group placements. But, the important thing is that the placement decisions are based on the individual child's behavior, not upon the label "autism", and not upon an available, existing, segregated special facility.

Are there enough similarities in children and enough constraints on resources to support attempts at homogeneous group placements? Certainly! It is quite possible to group children, particularly in flexible groups that come together for brief periods of time on the basis of relative similarity in functional needs, but certainly not on the basis of diagnostic labels or categories of handicap.

Obviously there are increasing constraints on resources even for handicapped children. In the absence of unlimited amounts of money to program as one might wish, it does make sense to attempt the most cost-efficient system within good professional practice. And, part of the issue of placement is whether collecting bizarre behavior in one place really helps the children, or whether it simply makes it easier on resource expenditures. If it is true that bizarre behaviors trigger outbreaks in other children it would not seem to be the most sensible move to collect such children in one room. Further, autistic ildren are very slow on giving rewards to their teachers. Thus, it is an unusual adult who can work with such children month after month without feeling the need for some reinforcement himself. By mixing children a bit so that more normal-behaving children are included, the likelihood of the teacher "burning out" is considerably reduced.

How do I figure out the program needed?

The typical pattern of sending the child off for intelligence scores and a psychological and medical assessment is of relatively limited value. Such assessments clearly have a place, largely to rule out physiological disorders that are medically treatable, but they are mostly irrelevant to the question of educational programming. What is needed is an analysis of the child's behavioral patterns; once again, a functional analysis of the child's behavior. What can the child do and under what conditions? These questions must be answered for all the relevant dimensions of education including: a) social interaction, b) self help skills, c) language, d) preacademic and academic skills, and e) "personness".

Most of those items are self evident and do not need a great deal of explanation. However, all of them need careful analysis so that the teacher will be able to plot a program of instruction leading to improvements in: aling with others, personal care, communicating with others, preacademic and academic skills of listening, attending, following directions, and related items.

The matter of "person-ness" is more difficult to discuss, but I believe it is as important as any other item. It is not enough that we train the child to respond as a dog responds to his master's command; we're not looking for responses of an automaton. We need to encourage choices, the expression of self, volitional eye contact rather than command eye contact, the use of language with inflection, responses to other human beings as a human being. To do that most effectively requires, I believe, a close personal relationship with the child along the lines that the Freudians and the phenomenologists would regard as appropriate. Personal regard and trust can be learned by autistic children and when learned, it will often be returned to others. It is as difficult as the other items to teach, perhaps more difficult, but it is also fully worth the effort. (See, for example, Stuecher, 1973)

There is less doubt about identifying a child's skills and abilities along such dimensions than there is about what resources to use for the child. That is, analyzing need patterns is relatively easy compared to figuring out how to get necessary services, because services translate to resources and resources translate to money.

The kind of frustrating problem that arises, for xample, is that you may be generating a highly successful program for an autistic child who is being transported to your program at a cost of $50 to $100 per day. Suddenly, someone determines that the child is not eligible for such transportation support and must be removed from the program simply because nobody has $50 or $100 a day to pay for such transportation. An interesting aside is that such children are being educated for something on the order of $25 a day or less, yet complaints tend to be about the high costs of instruction, not transportation.

What treatment style should I use?

Probably the three major issues in educational treatment are: 1) professional versus parent instruction, 2) whether the method applied is to be pure or eclectic, and 3) what the nature of the curriculum should be. It was a professional catechism a few years back to exclude parents from treatment, partially in the belief that they were to some extent a major factor in creating and maintaining the problem, and therefore not likely to be constructive in a treatment program. Those ideas have pretty well fallen by the wayside, and most programs now rely very strongly on parents as a major part of the treatment program. Whether the child needs assistance in learning to feed herself, dress herself, communicate appropriately, or anything else, it is clear that a six-hour, or less, school day is unlikely to make rapid progress with autistic children. Therefore, recognizing that parents are with their children many more hours in the week than are the professionals, it makes sense to try to cooperatively develop a program and cooperatively carry it out, with consistent attention to items of importance and consistent instructional and reinforcement procedures, whether the child is in school or at home.

Methodologies tend to fall into three major categories. Those are: physical treatments such as drugs, diet, or end organ manipulation; one of the conditioning therapies or stimulus-response learning theory treatments; and some type of humanist or psychoeducational treatment. As methodologies, all of them would seem to have a place and may be reasonable for selected children and for selected objectives. However, I believe the nature of the problem and the evidence that does exist would argue for an eclectic methodology, applying the best elements of humanistic treatments, the strengths of stimulus-response learning theory methods and, where necessary for a specific medical problem, the inclusion of a physical control mechanism.

Finally, the matter of curriculum should be relatively obvious, although once again we find professionals pursuing content that seems to have no sensible place in that particular child's world at that particular time. That is, every autistic child needs an individual curriculum, specifically built according to a ranking of his particular needs, which are quite likely to fall into the five categories I previously described. However, it makes no sense to block out sizable amounts of time for academic instruction of an autistic child who is unable to communicate.

The Real World

From an admittedly biased view of the professional issues, I have suggested a number of beliefs, viewpoints, and actions. But, the major factors in the decision process may not be professional at all, but political. Those political matters fall into two territories of further issues; first, issues of cost effectiveness. Throughout all of the decisions about placement, diagnosis and treatment, cost constraints intrude unhappily (but realistically).

The professional recommendation for a particular autistic child may well be that the child would best be served in a placement which turns out to cost $40,000 per year. It is almost certain that the child will not be placed in such a facility under public monies. It is almost equally certain that the professionals involved will not make such a recommendation, even though they believe it is in the best interests of the child, simply because of what they believe are the administrative/resource constraints facing them.

Teams that are constructing individualized educational plans for handicapped children these days oftentimes set their sights only on what is available in the local school building, or possibly in the school district, but rarely do they start with the child's needs (as the law demands) and recommend what the child requires regardless of local or regional availability. It is, in fact, the professional's responsibility to describe what is, in her best judgment, required to help the child attain whatever goals are judged possible. Then, it is the administrator's responsibility to worry about how or where those particular resources may be obtained. However, our typical practice is to trim the recommendations so that no one ever knows what the optimum circumstances might be for the given child.

Realistically, the public is not willing to provide unlimited amounts of money to educate or train one child and increasingly, as the economy turns downward, the tendency is quite noticeable that calls for cost cutting. Recently in Minneapolis, for example, a duly established board of decision makers was faced with a request to expand a "group home" from roughly 100 mentally retarded residents to approximately 200. After due consideration, it decided to recommend approval of that expansion, despite many arguments from concerned groups that such an action is totally contrary to the normalization principle. It is impossible to establish a homelike atmosphere in an institution holding 200 people, they said.

The major argument on the other side was simply that the cost effectiveness of such a facility was so much greater than paying for small group homes that the decision makers would be derelict in their duty to the public if they did not approve it. They estimated that the large facility would save the taxpayers on the order of $400,000 per year. That may well be an appropriate administrative decision, but it does not appear to be an appropriate decision to be made by professionals whose primary responsibility is the further development of mentally retarded persons.

In the matter of real world constraints on treatment, it is often that the best treatment program for an autistic child may call for full time one-on-one instruction, at least for a period of months, in a somewhat specialized setting with multiple opportunities for integration with non-handicapped children. But, how often can that be obtained? That is, paid for? Even for a relatively short period. It is one thing for administrators to reject a claim for treatment of that sort based on cost effectiveness, even though they may well be misguided. However, it is a much more serious problem when the professionals making the recommendations cut back those recommendations simply because they believe that the administrators are going to reject their request or that the particular resource is not available locally. I believe it is our responsibility as professionals to make the fullest and most complete recommendations that we can for realistic development of the child, and if the resources to meet them are not available, as they often are not, to argue strongly for the best compromise that we can get. But, we ought not to start with the compromise.

Finally, there are issues of influence on policy and politics. One policy decision along lines favorable to programming for autistic children, for example, would make far more difference to far more autistic children than would a year's worth of assessment teams and carefully developed IEPs. The policy decision at the national level to include autism in the definition of developmental disabilities, and therefore to make autistic persons eligible for whatever resources were allocated under that federal law, was far more important than years of professional effort.

Programming for autistic children is probably best done on the basis of aptitude by treatment interactions, without the need for any label and without the need for any categorization of children. But, influence at policy-making levels tends to come from identifiable groups which carry labels, and which can play the politics of special interest groups. Knowledgeable people need to push hard in both the academic and political worlds since there is much to be decided and much to be done in each.

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A Parent Responds

by Nicole Raaz
Mason City, Iowa

Many parents view the discussion of current issues in programming for autistic children as a waste of time and effort—a case of everyone talking about a problem, but no one *doing* anything about it. And, for the parent whose child is literally screaming for hours at a time each day, rocking and head banging, or doing a number of other bizarre things that we, as parents, come to regard as typical, this type of discussion may seem useless.

However, it has been five years now since the law guaranteed our children an appropriate education based on their individual needs, and that isn't happening. If the situation is to change, there must be an identification of "why". What are the problems in programming effectively for this population? Hence the discussion of issues that affect programming for autistic children. Personally I'm pleased that this type of discussion is taking place in professional circles. It is better to raise the issue for discussion than to completely ignore the subject of programming for autistic children.

Identification has always been a problem. Over the years a number of diagnostic instruments have been developed to identify the autistic population and, as Balow points out, there has been disagreement among those working in the field as to which characteristics a person must have in order to be considered autistic.

In an attempt to clarify the issue of identification, the Professional Advisory Board of the National Society for Autistic Children (NSAC) in 1977 developed a working definition of autism which combined the most current medical research findings with the traditional lists of characteristics to arrive at a descriptive definition that the members of the Professional Advisory Board, as well as the NSAC Board, could accept.

The definition describes four essential features which "are typically manifested prior to 30 months of age and include disturbances of: 1) developmental rates and/or sequences, 2) responses to sensory stimuli, 3) speech, language and cognitive capacities, and 4) capacities to relate to people, events, and objects." (Ritvo, 1977) The long definition describes more fully each of these four features and the types of behavior that may be observed as they relate to each of the four essential areas of disturbance. Associated features are also described with the notation that these may vary with age. Autism is compared with other disorders in a segment on differential diagnosis. The etiology that is offered is that "the symptoms are best explained as expressive of a physical dysfunction within the central nervous system—the exact nature and type of which has yet to be determined." (Ritvo, 1977).

The four essential features and the associated features are descriptive of the characteristics previously offered in the diagnostic lists Balow mentions, but this definition goes far beyond simply listing signs and symptoms. This definition also gets us past the question of how much of a particular characteristic a person must have. A person is considered to have the disability of autism if he or she has disturbances in the four essential areas. How much of each is not an issue. We accept the varying degrees of other medical disabilities such as mild or very severe cerebral palsy and all degrees in between. In education, too, some children may have a mild form of learning disabilities while for others, the problem is more severe.

Yet, Balow seems to imply that with autism, it must be an all or nothing thing—either a child is or isn't autistic. There is a wide functioning range of autistic children and there are individual differences among the children, but that is also true for other disability groups. I believe that if autism is viewed in terms of the NSAC definition, we are closer to identification of a homogenous group of children than Balow implies. These are children whose needs are similar in four specific areas and these needs must be met if we are to program appropriately for them. I am reinforced in my belief each time I talk with another parent of an autistic child and find that our kids, even if functioning at different levels, are more similar to each other than to children with other disorders or to those who are considered to be normal.

As to Balow's statement that "we are dealing in guesswork, not science" with regard to identification, I prefer to think that we are going through the same learning process that we have in every other field. Medical definitions of most disabilities have changed over the years as new information is obtained. The same is true in education. The definition of emotional disability has been revised at least once in Iowa since 1975. I don't think it is guesswork simply because every professional has not agreed with the original definition offered by Leo Kanner in 1943. I was told at the time of my son's diagnosis that there has been a lot of incorrect information written about autism. Over the years I have learned to use my own judgment to compare what I read (or what I am told by professionals) with what I know to be true about my son and the other autistic children I have known.

For professionals who have no experience with autistic children, or those who are looking for pat answers to all of the questions before they enter the field, this disagreement may present a problem. But, I would encourage professionals, as I do other parents, to use their best judgment based on a comparison of the most current information available and what they know to be true from working with these children. We must allow ourselves the flexibility to change our beliefs as new information becomes available because that is how we learn.

I must also take issue with Balow's contention that the definition of autism is "unlikely to contribute much to programming decisions anyway. . ." It is my belief that defining autism and identifying children according to a specific criteria do have implications for programming. Teachers of children with special

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needs receive training which will prepare them to better serve those children. Apparently it is believed that if a person has a better understanding of a specific disability and how to teach children with that particular problem, she or he will be a more effective teacher. If not, we would have no categorical certification of teachers—any teacher with a special education degree could teach any child with any disability. That is not the case in our state.

I believe that the same principle is true with autistic children. Understanding the autistic child's disability gives the teacher more information to use in the problem solving that leads to programming which will be effective for that child. The label "autism" does mean something educationally. Each child's program will have to be modified to meet the child's individual needs, but knowing that the child is autistic will give the teacher more information with which to work.

For example, take the functional problem of lack of speech. Many kinds of children do not speak: some children who are retarded do not speak; some children are aphasic; some children who are hearing impaired do not speak; and some children who are autistic do not speak. They all have the same functional problem, but it is important for treatment to have the other information about the possible reason for the lack of speech. A clinician, through behavior modification, can teach the autistic child to use language. But, it is essential for the clinician to also know that children who are autistic have difficulty attaching meaning to spoken language and generally have good rote memories. For the child to give a response is not enough. Knowledge of autism lets the clinician know that meaning must also be stressed, that comprehension must be checked continually, and that the transfer of language to functional use in the environment must take place. Analysis of functional behavior is important, but the label can also serve as a guide in programming.

The push in our state for identification of autism as a separate category is not because parents want their children in classes only with other autistic children. It is because this recognition of autism emphasizes that these children have educational needs different from children in the other categories. With a separate category, specific teacher training can be required. The teacher would then have the "background information" on autism needed to teach our children. Much time is wasted for both teacher and child as each teacher must "reinvent the wheel" as he or she tries to figure out what may work for the autistic child who has been placed in the class. The best teacher is the one who had good problem-solving skills—who can look at the functional problem and figure out what is needed. But not all teachers are good problem solvers. So, it is important for all to have as much information as possible to help them learn to help our kids.

Balow states that, "in the absence of segregated placements, we professionals are forced to carefully analyze the functional behavior of the child and plan a specific program that fits the particular child's special needs." He goes on to state, "such an analysis will lead to more creative planning for the child. . ." How I wish that were true! Unfortunately what is happening is that since special autism programs do not exist in most parts of our state, the autism part of the child's disability is ignored. Our children are placed in mental disability programs according to IQ, or in emotional disability programs if behaviors are difficult to manage. The teachers in those programs have the "background information" in mental disability or emotional disability, but do not understand, until the child has been in the class for awhile, that the autistic child learns in a way that is different from children with other disabilities. Balow stresses, "the important thing is that the placement decisions are based on the individual child's behavior, not on the label autism. . ." I agree, that is the way it should be, but since that so rarely happens, for my child I would rather take my chances with a program based on the label autism than one based on some other label.

With regard to placement, the collecting of bizarre behaviors in one place doesn't have to be a problem if, as Balow suggests, a mixture of children are grouped together. One argument that is often used as a reason for not developing "autism classes" in the more rural parts of our state, is that there are not enough children who are functioning at the same level. It is probably a better grouping if they are not all functioning at the same level for the reasons Balow cites. Locating such a class in a regular attendance center offers the flexibility of integration of the children with peers in regular education classes and the chance for many more normalizing experiences for all of the children in the special class.

The dimensions of education that Balow identifies as priorities are those that I also would choose, with communication skills and "person-ness" at the top of my list. I have come to feel that the most important skill we can give a child is the ability to communicate with the world around him or her. The ability to make wants known, to attain a degree of control over what is happening to him or her, and to use those communication skills to reach others will aid in the development of the quality Balow describes as "person-ness". With the methods that we traditionally have used in programming for autistic children, that is, behavior modification, there is the very real possibility that our children will become reactors or responders, but not initiators. To teach a child skills without also developing the human qualities that will make the child want to use those skills to participate in the world, is indeed sad.

Of course the argument can be made that to teach a person to function in a mechanical manner is better than allowing him to rock his life away in an institution, and that is true. However, I feel that we can do better than that. It isn't an easy task, but it can be done.

With regard to treatment style, I am a firm believer in parent involvement in education. The following statement was offered recently in a professional publication, "the purpose of school is to train people to function in other environments besides the school environment" (Maurer, 1980). What you teach a child in the classroom does him or her little good if those skills do not carry over to the rest of his or her world.

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And, as Balow points out, since the autistic child is unlikely to make rapid progress in a six-hour, or less, school day, it would seem logical to include parents in the program planning, to arrive cooperatively at goals for the child, and to try to achieve those goals in both settings.

I hear from professionals that some parents are uncooperative. I hear from parents that school personnel are unrealistic in their expectations. I know that unless there is cooperation, it is the child who looses.

Since it is probably easier to manage the child for six hours a day in a classroom than for 18 hours a day while also trying to live the rest of your life, my sympathy lies, most often, with the parents. It is the parent who will be involved with the child for most of the rest of his or her life, so I believe that the parent should play a very important role in the decision-making process with regard to the child's program. But, there is a need for persons on both sides to carefully listen to each other and to think always of the child. Thus, the goals set for the child will be those that will maximize his or her chances to lead a meaningful life.

As an observer of the education scene for almost 10 years now, I have moved from a strict behaviorist viewpoint on methodology to favoring now, as Balow suggests, an eclectic methodology which uses the best elements of each of the approaches. I believe that there are probably a number of different causes of this brain disorder that we see in the autistic child, so different methods may be needed for different children at different times. I also feel strongly that diet may be a key to helping some types of autistic children. Megavitamins may work with others, and other treatment methods may help some children. No one treatment will work for all children. Since there is no one answer, it is, again, up to the professional, and the parent, to use his or her own best judgment.

For most of the discussion Balow has dealt with the professional world—how things should or could be. With a number of his issues, I have tried to point out the reality of what is happening compared to how it theoretically should be.

With the issue of money, however, we all enter the real world. It does cost a lot to educate our kids, but the cost doesn't seem so great when you consider the alternative. If we fail to provide an education that is appropriate, this generation of autistic children will join the 95 per cent of the adult autistic population who are housed in our state institutions. The cost is also great to keep someone in an institution. Education is the only hope that these children have. To start with a compromise, rather than the most appropriate educational option, when making program recommendations may mean the difference between a meaningful life and no life for the autistic child.

The real world is political. Decisions that affect services for kids are based on policies that can be influenced by special interest groups. My advocacy, and that of others in the NSAC, is based on the belief that the system should work for all children. Both parents and professionals can advocate for individual children, but those without an advocate will miss out. It is easy to "lose" our children in the system. It is difficult and costly to serve them appropriately. But we owe to each child the chance for a meaningful life. Only by working together, parent and professional alike, by establishing an identity for autism, and by developing a strong voice to make our children's needs known, will we be able to make the system responsive to the needs of each child.

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An Iowa Professional Responds

Polly Nichols Arp
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My response to Bruce Balow's paper will be distinctly Iowan. Balow's thoughtful discussion of four selected professional issues and two "real world" ones stimulated my thinking on our own small corner of the real world. Educationally speaking, Iowa is a stand out — the nation's most literate state, known for its landmark social and educational programming. But, it is also among the nation's most rural states, and we have special problems dealing with low-incidence handicaps in our sparcely populated areas. How will we, in Iowa, act upon the critical elements of Balow's four issues — appropriate classification, program placement, curriculum, and methodology — in light of the real world concerns of cost effectiveness and public policy?

Autism has risen to the surface of public awareness today in much the same way as learning disabilities (LD) did a dozen years ago. Today, more students receive special education service under the categorical heading of LD than under any other. No one suggests that there is anything like that number of autistic children to serve, although some researchers are suggesting that the incidence of autism may be closer to 12 or 14 per 10,000 rather than the currently accepted rate of 5 per 10,000. What is similar, however, is that parents of autistic children have found each other, and their collective voices have garnered strong professional and public support for programming to meet the needs of their children.

An inevitable tension develops. Parents and professionals focused primarily on this disability stress its uniqueness, its special characteristics that set autistic children apart from those with other emotional, mental or language disabilities. Pulling against this is the emphasis that special education generalists place on the ways in which children are more alike than different, on the components of teaching exceptional students that transcend categorical labels. Balow speaks persuasively to this latter point of view; the parents in the Iowa Society for Autistic Children (IaSAC) strongly advocate the former.

Perhaps in Iowa this seems a moot point. It may be conceivable to think of categorical programming in the 11 county area surrounding Des Moines where, using the theoretical 5 per 10,000 number, there should be about 60 autistic school-age children. But what about the seven youngsters presumably scattered somewhere in Area 14's eight counties? No one can reasonably expect these seven to be grouped sensibly by age and functional level into one or two special autism classes.

We need to bear in mind this central principle expressed by Balow: ". . .it is our responsibility as professionals to make the fullest and most complete set of recommendations that we can for realistic development of the child, and if the resources to provide that are not available, as often they are not, to argue strongly for the best compromise that we can get. But we ought not start with the compromise." I will add a correlary principle: It is our responsibility as professionals to see that autistic children are not simply adequately "maintained" but are placed in educational settings where they will be expertly taught.

To begin with Balow's last point first, I would like to suggest that we can have influence at policy-making levels by serving autistic children as an identifiable group, complete with label, and that this need not be a necessary evil, an expedient capitulation to "the politics of special interest groups." By serving them as members of an identifiable group, even when we serve them as individuals in groups bearing other labels, we will not compromise our responsibility to meet their unique needs. For, I believe that autism is unique and that the constellation of handicapping components that sets it apart from other special education designations has direct implications for specific programming.

A cost-efficient way of assuring that theoretical program specifics find their way into every autistic child's school day is to assign responsibility for doing so to an autism advocacy position within the AEA structure. This person or persons would have a central focus of interest in and the best available training for working with autistic children, their families and others who serve them. This expertise would prevail whether the programs were designed for the autistic or for the emotionally disabled, mentally disabled, profoundly disabled, or normal children. On the one hand, this person would centralize concerns, drawing the children's disparate needs and the scattered facilities for meeting them into a cohesive whole; on the other hand, he or she would provide a mechanism for outreach from specific classrooms to the broader circles of area parent groups and social agencies and from there to state and national centers of research and service.

Balow's Issue 1 — "Who is the person called autistic?"

Public Law 94-142 lists autism specifically under the heading of seriously emotionally disturbed. The new DSM III, the classification system of the American Psychiatric Association, classifies autism as a developmental disability. A summary of the official National Society for Autistic Children definition calls it "a brain disorder manifested as a form of sensory impairment" and defines it educationally as a series of deficits in "all aspects of communication." Depending on program availability and professional emphasis therefore, one could classify the "primary disability" as emotional or as mental. One could certify a child as needing a self-contained class for the severe and profoundly handicapped or as requiring resource room assistance with mild handicaps or, conceivably, as requiring no program placement at all.

None of these options is patently bad nor is any complete appropriate. As Balow clearly substantiates, no list, no aggregate of descriptors will define autistic children so clearly that having labeled them, we will know how to educate them. A functional analysis of the individual child's needs will indeed be the key determinent of all that follows — but the fact that the concept of autism is complex and its manifestations various does not make it a useless designation. We will never know "who it is we're talking about" if we expect to find one consistent and stable entity, a singular "who". If we understand the plurality of this "who" as representing a wide range of individual characteristics that sort down into a particular constellation of central deficits, we can relate our functional analysis to a body of literature that will allow us to study what works and what does not with similarly impaired children.

I would like to see more, rather than less, effort expended on defining the characteristics of autism in educationally relevant ways and I believe this should be a central goal of autism advocacy. I know that AEAs 11 and 13 have worked on this intelligently from very different perspectives, and this diversity is wholesome. It would be superb, however, if we could develop a *consistent data base* throughout the state to help us better evaluate how various program models and teacher characteristics interact with various functional characteristics of autistic children. The Autism Screening Instrument for Educational Planning (ASIEP) by Krug, Arick and Almond has recently been published. It combines a behavior checklist, a sample of vocal behavior, a structural observation of social interaction, an educational assessment of functional skills, and an analysis of learning rate. Such an instrument offers the possibility of making meaningful recommendations for individuals and comparisons across Iowa's diffuse autistic population. Inevitably, one professional's theory of what should be assessed will differ from another's, but at least we can objectively look at how one autistic child's characteristics compare to another's and consider how the range of such children can be best taught. The instrument would also offer the educational community a means of evaluating a child, whether or not a full psychiatric evaluation was available or acceptable. A system of autism advocacy would assure the availability of a trained assessor to each AEA. Given the low number of autistic children in the state, total screening would be much less overwhelming a task than giving two days of Iowa Basic Skills Tests to all of Iowa's school children!

Balow's Issue 2 — "What is the best placement?"

No reasonable person could take exception to Balow's basic thesis that placement decisions should be based on a child's functional needs, just as no reasonable person will deny that it is impossible to have autism classes available to all autistic children. I do not think it follows, however, that there should be no autistic classes available to any autistic children.

Most autistic children are served in classes designed primarily for others at about their developmental level of intelligence. With an advocate to assist the teacher in adjusting the instruction to the child and secure whatever additional resources might be necessary, this may be an entirely appropriate setting. There should be, however, a network of classes throughout the state where educational programs designed to be particularly appropriate for autistic children can be developed, implemented, demonstrated and evaluated. The first points along such a network already exist.

Will a network of such classes encourage an unthinking, stereotypical response to autism? Not, I believe, if they are implemented as one element of a total autism advocacy approach. The data seem clear that carefully organized classes for autistic children such as Ft. Madison's and Mason City's landmark programs are indeed effective. If they are not perceived as the *only* model and if other settings are specifically adjusted to provide meaningful educational service, they needn't become the knee-jerk option for all autistic children that Balow fears.

Balow's Issue 3 — "How do I figure out the program needed?"

I disagree with Balow's dismissal of psychological and medical assessments as being relatively useless and largely irrelevant to questions of educational placement. The more one knows and the more precisely one knows it, the more deliberately one can plan appropriate instruction and the more clearly one can check the amount and rate of improvement made. In fact, I think this may be more critically important for autistic children than for many. Autistic children have uneven developmental profiles with behaviors and splinter skills that stand out and that suggests across-the-board capabilities or deficits. An experienced diagnostician can best identify and communicate these.

The 13-year-old who word-calls at grade level but comprehends little and has social behaviors that are atrocious may have unreasonable demands made on her. Systematic assessment will assist everyone in perceiving where she functions more like a four-year-old than a teenager and will encourage more thoughtful planning of teaching strategies. These children are tough to evaluate, and I support using all the help we can get from wherever we can get it.

One telling way of thinking about the issue of best placement is to consider age as variable. Specific programming for autistic children makes especially clear sense in the earliest educational years. Early intervention is desirable for all handicapped children, but for none more than for autistic children. For example, consider the contrast between what is routinely offered in a regular pre-school curriculum and what is needed by autistic pre-schoolers. The self-discovery, exploratory, free-play-oriented approach so rewarding for most three and four-year-old children offers little to the autistic child. She literally does not know how to play alone or with others, and her lack of ability to make believe and deal with symbols shows up as a cognitive deficit. On a pragmatic level, the grouping of autistic children works better when they are all young and developmentally closer to each other than when their full range of intellectual and social levels spreads out in middle childhood. As adolescence approaches, new concerns rise to the fore as specific preparation for whatever level of job and living independence will be manageable must be *specifically* made.

Balow's Issue 4 — "What treatment style should I use?"

I certainly concur that physical treatment, operant techniques and humanistic qualities all have their place in programs for autistic children. I sense that my mix might look rather different from Balow's. His warnings that we are not to expect autistic children to respond as trained dogs or automatons and that we focus on "person-ness" suggest that he has had bad experiences with behavior modification that I have not had. Certainly the teachers I know who use learning theory as a theoretical base are bound in close personal relationships with the children they teach, and I am sure that this combination is at the heart of Balow's call for an eclectic approach.

I would summarize the critical elements of instruction for autistic children in these "in" words: It must be highly *instructional — what is to be learned must be directly taught to criterion, not left to chance interactions with the environment. It must be highly intentional* — many more trials on each task, much more consistent direction, and much grander use of gesture and of consistent verbal cues are needed than with other children. It must be highly *intrusive* — the teacher must insist on "moving into" his autistic students and constantly engaging them in positive interaction with him and his world.

Autism Advocacy

I have used the term "autism advocacy" rather than "autism advocate" because I do not believe that such an advocacy role can be adequately filled by educators alone. The needs of autistic children and of their families extend far beyond the school day and the school years. The challenge of meeting them must be faced by society in general, all phases of it.

An autism advocacy plan could help centralize these concerns, give them shape, direction and support. It could provide a cohesion among parents, a way for them to share their experiences, joys and anguish. It could provide a mechanism for teachers of autistic children, whatever educational discipline they come from, to communicate with colleagues who are working with similar children. It could help establish a network of model programs that are reasonably accessible to all of those involved with autistic children. It could gather and coordinate data and disseminate information throughout Iowa and beyond. In short, it could pull the 163 scattered Iowa children and adolescents currently identified as autistic into a meaningful group for sharing and development.

Many issues must still be addressed. What kinds of preparation for teaching these challenging children will result in the best educational payoffs for them? What mechanisms for sharing the exhausting 365-day-a-year responsibility for serving autistic children with other agents of the community can be developed by schools and families? As a first step toward meeting such goals, the AEA's can develop a cadre of the most experienced and interested professionals from its ranks of school social workers, speech personnel and consultants. Given the task, adequate time to devote to it, and ample opportunity for professional growth, such an autism advocacy group could see that Iowa's autistic youngsters are taught with vigor, compassion, and excellence. And then perhaps we can show the other 49 states how to do it!

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AUTISM TERMINOLOGY

APPLIED RESEARCH

Research concerned directly with the development of procedures that are effective in bringing about changes in the way autistic people behave and the ways they function in clinical or educational settings.

BASIC RESEARCH

Research concerned with the nature of autism and the defining characteristics of the autistic person.

BEHAVIORAL THEORY OF AUTISM

This theory suggests that autism is nothing more than a set of learned behaviors shaped by a series of accidental contingencies of reinforcement and punishment operating in the present environment. It states that the child's disordered behavior is not a symptom of manifestation of an underlying disturbance, but rather is a direct consequence of external stimulus events.

DELAYED ECHOLALIA

The language deficiency of an autistic person echoing or parroting a word, phrase or sentence, usually out of context and without the intent to convey meaning, several hours or days after the verbal stimulus was presented. Many autistic people have been known to repeat television shows or commercials with the exact inflections, endlessly, with little or no comprehension.

DEVELOPMENTAL DISCONTINUITY

The characteristic of autistic people showing severe retardation in some developmental areas such as self-help skills of toileting or dressing while at the same time displaying areas of precocity. For example, an autistic child at the age of one year may sing nursery rhymes in perfect pitch, or an autistic person might reproduce an aria in a foreign language after hearing it only once.

ECHOLALIA

A language deficiency found in autistic people. An autistic person may echo or parrot words or phrases said to him. For example, a mother may say to her child, "Jimmy, do you want a cookie?" and the child may repeat "Jimmy, do you want a cookie?" There is usually no comprehension of what the child has just echoed. This phenomenon of echolalia may occur immediately after a stimulus or several hours or many days after a stimulus has been presented. See: DELAYED ECHOLALIA AND IMMEDIATE ECHOLALIA.

IMMEDIATE ECHOLALIA

The language deficiency of an autistic person echoing or parroting words or phrases immediately following, or echoing them simultaneously with, the presentation of a verbal stimulus.

MUTENESS OR MUTE AUTISTIC

A language deficiency commonly found in autistic people. Where an autistic person may not produce any vocalizations at all or may produce vocalizations consisting of speech and non-speech sounds. The person's vocalizations are usually produced for self-simulatory purposes and not for the intent to communicate a want or a desire.

ORGANIC OR BIOGENIC THEORY

Suggests that autism is a result of organic brain dysfunction that is either genetic or physiological in nature. Support for this theory is found: in the uniqueness and specificity of the syndrome; in the early onset of the disorder; in the consistent ratio of 3 or 4 boys to one girl; in the similarity of the symptoms in the autism syndrome to symptoms found in brain damaged children.

ORTHOMOLECULAR

The concern and treatment of a dysfunction in terms of vitamin deficiencies and vitamin dosages.

OVERSELECTIVITY

A perceptual deficiency in which autistic people commonly attend to only one stimulus in a multiple stimuli event. The child selectively attends to one stimulus, in a complex stimulus, which has stimulus control over the child's responding. If this stimulus is removed, the child is likely not to respond or will respond inappropriately. A child responding to the command, "Touch the boy" will respond correctly only if the boy is wearing a blue shirt and not when the boy is wearing a shirt of any other color. The child is selectively attending to the color of the boy's shirt.

PATHOGNOMONIC

A defining characteristic of a condition whose presence or absence indicates whether the condition exists or not.

PERCEPTUAL DIFFICULTY OR APPARENT SENSORY DEFICIENCY

This refers to one of the most striking characteristics of autistic people that is, the person will simply appear not to see or hear stimuli in the environment. In early development autistic children have often been considered to be either blind or deaf. The degree of sensory deficiency varies greatly with environmental stimuli; for example, an autistic adolescent may not display a startle response when a pistol is fired next to him but will turn his head in the direction of a potato chip bag that is being opened across the room. An autistic child may walk into tables or chairs as if she did not see them but is able to find the M & M accidentally dropped by the teacher.

PROBLEMS IN RELATING OR SEVERE-AFFECT ISOLATION

The characteristic of autistic people relating to objects and people in inappropriate ways. An autistic person may sit for hours spinning the wheel of a toy truck and not play appropriately with the toy. Another frequent observation is that the autistic person does not seek out contact with others and will relate to people in unusual ways. For example, the autistic may manipulate her father's hands to get a piece of food, but does not make eye contact with or hug her father.

PSYCHOGENIC THEORY OF AUTISM

Suggests that autism is a result of psychological withdrawal in the face of what is perceived as a cold, hostile, punitive environment typically involving a pathological mother/child relationship. This theory suggests that the locus or cause of the disorder is interpersonal. Present data suggests no evidence for this theory.

SELF-ABUSIVE BEHAVIORS

Behaviors exhibited by some autistic people such as excessive biting, hitting oneself or banging one's head against a wall. See: SELF-MUTILATION AND SELF-DESTRUCTIVE BEHAVIOR.

SELF-MUTILATION OR SELF-DESTRUCTIVE BEHAVIORS

The characteristic of some autistic people of engaging in such behaviors as biting areas of one's own body, hitting one's head against walls or sharp pieces of furniture or beating oneself with the fist. These behaviors may be maintained by environmental or external reinforcement. See: SELF-ABUSIVE BEHAVIORS.

SELF-STIMULATION OR BIZARRE MOTILITY PATTERNS

The characteristic of autistic people to engage in repetitive stereotyped behavioral patterns apparently to provide for some sensory input. These repetitive stimulatory behaviors can be kinesthetic (rocking back and forth), tactile (tapping the thigh with the back of the hand), visual (twirling a twig in front of one's eyes), and auditory (making a ticking noise with the tongue). There are a great variety of these behaviors and most seem not to be maintained by environmental or external reinforcement.

BEHAVIORAL TERMINOLOGY

ATTENTIONING SKILLS

Those behaviors necessary for a child to successfully perform learning tasks, e.g., eye contact, appropriate sitting.

AVERSIVE STIMULUS

The presentation of an object or event contingent upon a response to decrease the frequency of an undesirable response. See: PRIMARY AVERSIVE STIMULUS, SECONDARY AVERSIVE STIMULUS AND PUNISHMENT.

BACK STEPPING

A procedure to go back to a previously learned step of a program when a child is not responding correctly at the current step. it provides the child the opportunity to receive reinforcement. See: BRANCHING.

BACKWARD CHAINING

A procedure in which the last element in the development of a behavioral chain is taught first, then the next to last, and so on until the entire chain is completed as a single complex behavior. See: FOREWARD CHAINING AND CHAINING.

BASELINE

A procedure to determine whether or not the child needs to learn a particular behavior, as well as to determine at what level to initiate teaching. The child's performance or frequency of that particular behavior must be stable before initiation of a program e.g., the number of tantrums per day over a period of time or 10 presentations of the target S^D in teaching a new behavior.

BEHAVIOR

Anything an organism does which can be defined, observed and measured.

BRANCHING

A procedure used after a child has met fail criterion. This procedure breaks down that step of a program to a mid-point between the child's previous level of correct responding and his current level of incorrect responding. See: BACK STEPPING.

CHAINING

A series of behaviors brought about in a single complex behavior. Reinforcement is contingent on the series of responses being performed in a given sequence. See: BACKWARD CHAINING AND FORWARD CHAINING.

CONTINGENCY MANAGEMENT

The manipulation of environmental consequences of a given behavior in order to achieve a specific behavioral goal.

CONTINGENT CONSEQUENCE

Dependent upon and immediately following a response. Greatest results will be achieved when consequence is delivered within one-half second.

CONTINUOUS REINFORCEMENT (CRF)

A schedule of reinforcement where continuous reinforcement is given; for every correct response a reinforcer is delivered. See: SCHEDULE OF REINFORCEMENT.

CRITERION

A pre-determined level of performance which is used to indicate that a particular behavior has or has not been learned. See: FAIL CRITERION AND PERFORMANCE CRITERION.

DEPRIVATION

The reduction in the availability of a reinforcer thus increasing the reinforcer's effectiveness. For example, the withholding of food or other primary reinforcers prior to the learning situation will increase its effectiveness as a positive reinforcer.

DIFFERENTIAL REINFORCEMENT OF OTHER BEHAVIORS (DRO)

A procedure in which the individual receives scheduled reinforcement except when he engages in a particular specified behavior.

DISCRETE TRIAL

A trial that has a clearly discriminable beginning and end, starting with an S^D and ending with a consequence.

DISCRIMINATIVE LEARNING

Learning to respond differently in the presence of different stimuli.

DURATION RECORDING

A method that measures the total amount of time (out of a designated time period) that an individual is engaged in a particular response.

ERRORLESS DISCRIMINATION

A type of discrimination learning that minimizes the possibility of incorrect responding. This is accomplished through careful manipulation of the characteristics of the S^Ds and S^Δs to which differential responses have to be established. In practice, this can be done through overexaggerating S^D and S^Δ characteristics, such as stressing one particular feature. See ERRORLESS LEARNING.

ERRORLESS LEARNING

Learning which proceeds through a carefully designed sequence of small steps, so that the probability of incorrect responding is minimized. The need for aversive consequences is thereby reduced as well as the possibility of accidental reinforcement of incorrect responses. See: ERRORLESS DISCRIMINATION.

EVENT RECORDING

A method in which a cumulative record of discrete responses is collected. It compiles an account of the frequency with which a particular behavior occurs.

EXTINCTION

The state in which a stimulus loses its power to bring about a response. It is obtained by discontinuing reinforcement for a particular response that has been previously reinforced in the presence of a particular stimulus. See: EXTINGUISH.

EXTINGUISH

To eliminate behavior by non-reinforcement. To discontinue reinforcement. See: EXTINCTION.

FADING

The procedure of gradually decreasing the degree of prompt needed to bring about a correct response, e.g., teacher's finger touching object child is to point to, teacher's finger 2 inches from the object, teacher's finger 6 inches from the object, etc.

FALL CRITERION

A pre-determined level which is used to indicate that a particular behavior is not being learned by the child. If a child meets this criterion, the teacher must change his/her procedures to obtain some correct responding, e.g., via prompting or shaping. See: CRITERION AND PERFORMANCE CRITERION.

FIXED INTERVAL (FI)

An intermittent schedule of reinforcement in which reinforcement opportunity occurs after the passage of a fixed amount of time, i.e., a FI2 specifies a fixed interval schedule in which reinforcement arrives after a 2-minute interval has expired. See: SCHEDULE OF REINFORCEMENT.

FIXED RATIO

An intermittent schedule of reinforcement where a reinforcer is given after a specified number of times that a behavior is performed. Thus an FR5 signifies a schdule in which reinforcement occurs after each 5 responses. See: SCHEDULES OR REINFORCEMENT.

FORWARD CHAINING

A procedure in which the first element in the development of a behavior chain is taught first; then the first and second element of the chain must be completed before the response is reinforced; and so on until the entire chain is completed as a single complex behavior-the target behavior. For example, with shoe tying, one response would be to pull the laces tight, and the next response would be to pull the laces tight and cross the laces to opposite sides of the shoe. See: BACKWARD CHAINING AND CHAINING.

GENERALIZATION (Stimulus Generalization)

The process of transferring a learned behavior within different but related stimulus environments. It occurs when a response follows a stimulus condition that has not been previously presented but which is similar to the condition that preceded that response in the past.

HIGH PROBABILITY BEHAVIOR

Those behaviors one is likely to perform if given a choice. See: LOW PROBABILITY BEHAVIOR.

IMITATION

A response that, in the context of a given S^D, matches a response emitted by someone else. The latter response may serve as an S^D for the imitative response as the original S^D may. See: IMITATIVE PROMPT.

IMITATIVE PROMPT

A behavior by a model that serves to bring about a matching imitative response. For example, a teacher gives the S^D "Touch your head," after which she demonstrates the desired response. See: IMITATION.

INCOMPATIBLE BEHAVIOR

A behavior that makes the performance of another behavior impossible in that both cannot occur at the same time, e.g., hand flapping and hands quiet in the lap.

INTERTRIAL INTERVAL

A period of approximately five to ten seconds during which no training stimuli is given. This interval follows the end trial and sets the stage for the initiation of another, thus establishing a clear on-set and off-set of each discrete trial.

LEARNED BEHAVIOR

An individual's behaviors that have been conditioned or modified as a result of environmental events.

LEARNING PARADIGM

The primary elements of the learning process. Stimulus-Response-Consequence.

LOW PROBABILITY BEHAVIOR

Things one is not likely to do if given a choice. See HIGH PROBABILITY BEHAVIOR.

MODELING (observational or vicarious learning)

A particular instance of imitation which is characterized by the absence of direct tangible reinforcement (reinforcement received by the model may operate as a vicarious source of reinforcement) and may 1) differ considerable in terms of topography, 2) occur much later than the original model, and 3) occur without observable practice (one-trial learning).

NEGATIVE REINFORCEMENT

A stimulus which when removed or reduced as a consequence of a response, results in an increase of maintenance of that response. See: REINFORCEMENT AND POSITIVE REINFORCEMENT.

OFF-TASK BEHAVIOR

All undesirable behaviors that interfere with the presentation and consequation of a discrete trial, e.g., self-stimulation or tantrums.

ONE-TRIAL LEARNING

Takes place when a novel behavior occurs without the need for any trials to establish that behavior, i.e., no practice is needed. This type of learning is characteristic in cases of observational learning when no observable practice occurs. See MODELING.

OPERANT BEHAVIOR

Behavior that is controlled by its consequences; also voluntary or learned behavior.

OPERATIONAL DEFINITION

The result of breaking down a broad concept such as "tantrums" into its observable and measurable component behaviors, such as throwing one's self against the wall, kicking the wall and screaming or running through the classroom throwing classroom material on the floor.

PAIRING

A procedure in which two stimuli occur together or nearly together in time so that they acquire similar control properties. For example, in accompanying the word "good" with the giving of food, the word "good" will acquire reinforcing properties.

PERFORMANCE CRITERION

A pre-determined level which is used to indicate that a particular behavior has been learned. For example, ten correct responses in a row is often used to indicate that the child has learned the behavior. See: CRITERION AND FAIL CRITERION.

POSITIVE REINFORCEMENT

A stimulus that, when presented as a consequence of a response, results in the increase or maintenance of that response. See: REINFORCEMENT AND NEGATIVE REINFORCEMENT.

PREMACK PRINCIPLE

The principle that a behavior with a low frequency of occurrence can be reinforced by contingent presentation of a behavior that has a high probability of occurrence.

PRIMARY AVERSIVE STIMULUS

A stimulus such as a severe spanking that is aversive in the absence of any prior learning history. See: AVERSIVE STIMULUS, SECONDARY AVERSIVE STIMULUS, PUNISHMENT AND PUNISHMENT I.

PRIMARY REINFORCER

A reinforcing stimulus in the absence of any prior learning history such as food, water and physical warmth.

PROBE

A set of trials, planned in the middle of a fading progression or at the end of a step of a program, presented under the same conditions as the baseline. It checks to determine if the child can proceed faster than anticipated in a fading progression or a program.

PROMPT

An extra stimulus, presented separately from the S^D to bring about a correct response from the child, e.g., manually moving the child's hand to a particular picture. See: FADING, IMITATIVE PROMPT AND WITHIN-STIMULUS PROMPT.

PROMPT FADING

See: FADING.

PUNISHMENT

The presentation of a stimulus contingent upon a response to decrease the frequency of that behavior. See: AVERSIVE STIMULUS, PRIMARY AVERSIVE STIMULUS, PUNISHMENT I, PUNISHMENT II, RESPONSE COST, SECONDARY AVERSIVE STIMULUS AND TIME OUT.

PUNISHMENT I

The presentation of an aversive stimulus contingent upon a response to decrease the frequency of occurrence of that behavior, e.g., a slap, a loud "no," distasteful food. See: AVERSIVE STIMULUS, PRIMARY AVERSIVE STIMULUS AND SECONDARY AVERSIVE STIMULUS.

PUNISHMENT II

The removal of all reinforcing stimuli (time out) or removal of a particular reinforcer (response cost) contingent upon a response to decrease the frequency of occurrence of that behavior. See: TIME OUT AND RESPONSE COST.

REINFORCEMENT

The presentation of a stimulus (reward) contingent upon a response to increase the frequency of a desired behavior. See: NEGATIVE REINFORCEMENT AND POSITIVE REINFORCEMENT.

REINFORCER

A stimulus which, when presented or removed following a behavior, causes the rate of that behavior to increase. See: PRIMARY REINFORCER, SECONDARY REINFORCER AND SOCIAL REINFORCER.

RESPONDENT BEHAVIOR

Controlled by its antecedents, involuntary or reflex behavior, e.g., salivation when food is presented.

RESPONSE

An observable behavior emitted by the child following the presentation of the stimulus.

RESPONSE CLASS

A group of behaviors which as a group are affected by contingencies applied to any member of that group. For example, a child imitates a teacher in touching his ears upon the first trial. This is due to being previously reinforced for other imitative behavior such as hand clapping or touching the head.

RESPONSE COST

A procedure in which there is contingent withdrawal of specified amounts of available reinforcers. For example, a previously earned reinforcer (M&M's) is removed at the occurrence of an incorrect response or off-task behavior. See: PUNISHMENT II.

RESPONSE TOPOGRAPHY

Describes the shape, configuration, or form of a response, e.g., the child touches the top of his head with his right hand.

S^D (DISCRIMINATIVE STIMULUS)

An instruction, command or question, given to the child which sets the occasion for a particular response to be reinforced. An S^D may have verbal and non-verbal components, for example, the teacher says, "Everybody do this," and the teacher claps her hands. See: S^Δ

S^{Δ}

Those stimuli preceding a response that signal the non-availability of reinforcement. For example, a blue chip serves as an S^{Δ} for responding to the S^{D}, "point to red," because it will not be reinforced. See S^{D} AND (STIMULUS GENERALIZATION).

SATIATION

The reduction in performance or reinforcer effectiveness that occurs after a large amount of reinforcement has been delivered, e.g., when you push yourself away from the table after a big meal and you do not want dessert.

SCHEDULE OF REINFORCEMENT

The pre-determined time period or rate at which reinforcement is delivered or withheld for a given behavior. See: CONTINUOUS REINFORCEMENT (CRF), FIXED INTERVAL, FIXED RATIO, VARIABLE INTERVAL AND VARIABLE RATIO.

SECONDARY AVERSIVE STIMULUS

A conditioned stimulus, such as a frown, "no," or shaking the head which will decrease the frequency of an undesirable behavior. See: AVERSIVE STIMULUS, PRIMARY AVERSIVE STIMULUS AND PUNISHMENT I.

SECONDARY REINFORCER

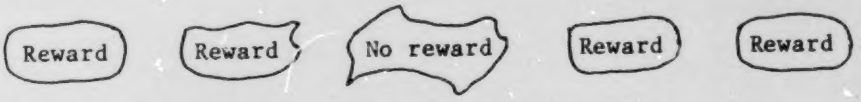
A conditioned reinforcing stimulus, such as a smile, praise, "Thank you," a pat on the shoulder, etc., which will increase the frequency of a preceding response. See: PRIMARY REINFORCER AND REINFORCER.

SELECTIVE RESPONDING

Takes place when a response is controlled by only one component of a set of simultaneously presented stimuli. Excessive selectivity will interfere with learning through stimulus pairing and with the generalization of newly established responses. For example, the child correctly labels a picture of a dress with a blue belt by selectively attending to the blue belt. If a dress with a green belt is presented, the child will not make the correct response.

SHAPING

Defined as rewarding successive approximations to a correct response. Reinforcement is contingent upon a response being at least as good an approximation as the last approximation which earned the child a reward, e.g., learning to draw a circle.



SOCIAL REINFORCER

See: SECONDARY REINFORCER.

STEPS

A series of measures or new response requirements which build upon previously mastered behaviors in the process of acquiring the target behavior.

STIMULUS

A physical object or event that may have an affect upon the behavior of an organism. Stimuli are frequently manipulated in behavior modification programs which include reinforcing stimuli, aversive stimuli and discriminative stimuli (S^D).

STIMULUS CONTROL

Is demonstrated when a set of particular stimulus conditions (S^Ds) control a particular response, while that response does not occur in the presence of other stimuli (S s). Responses can be under the control of any stimulus event that precedes a response, e.g., instructions, materials or situations.

SUCCESSIVE APPROXIMATION

A behavioral sequence which more and more closely resembles the specified target behavior. See: SHAPING.

TARGET BEHAVIOR

A behavioral goal that describes precisely what you are going to teach the child. For example, within three seconds of the S^D, the child will count out ten blocks.

TASK ANALYSIS

The process of defining all the steps and information necessary for an individual child to learn a specific task.

TERMINAL BEHAVIOR

See: TARGET BEHAVIOR.

TIME OUT

The removal of the opportunity to respond for reinforcement. Time out is presented contingently upon some response and is a form of punishment. See: PUNISHMENT AND PUNISHMENT II.

TIME SAMPLING

A direct observational method of recording data in which the observer records, in short uniform time intervals, the presence or absence of the behaviors to be changed. For example, an observer observes for ten seconds and then records in the following five seconds whether or not the behavior occurred.

TIME SPAN (of independent work)

The maximum period of time during which someone can work without receiving some form of extrinsic or tangible reinforcement. For example, the child correctly completes a page of ten math problems before he receives reinforcement.

TOKEN REINFORCER

An object that can be exchanged at a later time for another reinforcing item or activity.

TRIAL-BY-TRIAL DATA

The method of recording data at the end of each discrete trial, indicating if the response was correct, incorrect, correctly prompted or incorrectly prompted.

VARIABLE INTERVAL (VI)

An intermittent schedule of reinforcement in which reinforcement becomes available after the passage of variable intervals of time, i.e., a VI5 is one in which reinforcement becomes available after an average of 5 minutes has elapsed. See: SCHEDULE OF REINFORCEMENT.

VARIABLE RATIO (VR)

An intermittent schedule in which reinforcement occurs after a variable number of responses are made. Thus, a VR15 means that, on the average, 15 responses must be made before reinforcement is forthcoming. See: SCHEDULE OF REINFORCEMENT.

WITHIN-STIMULUS PROMPT

A prompt that serves to exaggerate a relevant aspect of the S^D by working within the designated stimulus. For example, increasing the volume of one specific word in the S^D, "Say, the boy IS running." See PROMPT.

SOURCE: IOWA NEWS Severely & Profoundly Handicapped, 5100-D32076-1/80, February, 1980, Special Education Division, Iowa Department of Public Instruction.

ALTRUISTIC ADVOCACY ON BEHALF OF AUTISTIC CHILDREN AND YOUNG ADULTS

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Programming for all handicapped children certainly poses a challenge for us as professional educators. Fortunately, in most areas of special education we at least have an historical body of knowledge from which to draw those methods which we use to design an appropriate special education program. There are, however, some examples of handicapped pupils for whom we have less literature from which to derive our diagnostic tools and techniques. The education of autistic children and young adults is an example of such an area.

During this past summer a survey was conducted with the Iowa AEA Directors of Special Education regarding programming for autistic and autistic-like pupils in our state. A definition and criteria for identifying these pupils was provided to each director based on a comprehensive autistic pupil child find project conducted during the 1978-1979 school year by Heartland AEA #11. These criteria are more specifically delineated behavioral patterns derived from definitions such as that found in Chapter 444.12 of the Iowa Code which states:

> "Autistic children" means persons, regardless of age, with severe communication and behavior disorders that become manifest during the early stages of childhood development and that are characterized by a severely disabling inability to understand, communicate, learn and participate in social relationships. "Autistic children" includes but is not limited to those persons afflicted by infantile autism, profound aphasia and childhood psychosis.

It should be noted that the most frequently cited proposed 1979-80 school year placement for those pupils thought to be autistic by the Directors of Special Education were programs serving severely/profoundly handicapped pupils. There has been much professional debate recently regarding the appropriateness of such placements. Rather than deal with these issues I want to deal with a number of areas related to advocacy for autistic pupils in relation to your role as a professional who may be working with such pupils.

Autism is a handicapping area which has recently been receiving widespread attention. Efforts to remind the public of the unique needs of these pupils have been prevalent in the media and, in some instances, have led to state and national legislators being confronted concerning the unmet educational needs of these pupils.

Advocacy on behalf of these pupils, similar to other areas of special education, has not been professionally led but rather has been kindled through the activity of parent dominated organizations such as the National Society for Autistic Children and its state affiliates. Although this movement has been positive in overall thrust, I feel that there is a pressing need for us, as professional educators, to also express our advocacy on behalf of these children and young adults. We should also express our concerns regarding the appropriateness of the programs many of these students are receiving. We too should seek an appropriate special education program for every child or young adult who is most accurately described as autistic.

Much of our advocacy role may take the form of posing sound professional questions regarding the proposed special education program for an autistic pupil. Among those questions which must be asked are:

(1) Is the Individualized Educational Program appropriate for this particular pupil or was the IEP developed on the basis of the program needs of the type of pupil typically found in our program?

(2) Are the program needs of this pupil being considered for your program similar to the other pupils whom you serve? Individualized instruction is fine --- but how far can you take this concept?

(3) Where are the peer models available for the autistic child when he/she begins to attend more discriminately to his/her environment? Does your program provide an opportunity for an autistic child to interact with so-called normal age peers?

(4) Communication skills have been determined to be an essential variable in the long term adjustment prognosis for autistic youngsters. Does your program offer intensive language development components and/or alternative communication strategies? How much time is a speech clinician assigned to your program?

(5) What are the nonacademic behavioral patterns of this pupil being considered for your program? Will he/she require management strategies which you do not typically employ or strategies you were not trained to employ?

(6) What will be the degree of involvement of the pupil's parents? Recent literature in autism has shown the critical importance of parents being intimately involved with the overall program for their child. Does your program include this?

These are but a few of the questions which need to be asked when considering a special education program for autistic children and young adults. Being a distant observer to programming, I have limited my questions to several very basic concepts. Professionals more closely involved with specific programs for autistic pupils can provide many more specific suggestions.

As implied by the title of this article, we should be involved in our own advocacy on behalf of and with autistic individuals. But what is "altruistic advocacy?" Obviously, not a dictionary term. With this in mind, I have chosen to define it myself. According to Smith (1979), altruistic advocacy is composed of five essential components. These are:

(1) This advocacy is based on seeking appropriate programs on the basis of the best empirical data available in making such decisions. Humanistic arguments are, of course, considered but weighted carefully with the best, most current information available.

(2) This type of advocacy is also not based on perpetuating or building categorical kingdoms of services to handicapped children. Rather than perpetuating debates over which category these children fall under, altruistic advocacy works for the provision of needed programs and services.

(3) When practicing altruistic advocacy, we do not wait for others to raise questions before doing anything. A goal of this type of advocacy is to initiate needed action rather than to wait for others to raise questions before acting.

(4) Those practicing altruistic advocacy do not use child advocacy as a means of settling up for differences with their administrators. We all can think of instances where we didn't especially agree with how administration chose to deal with an issue. This is not the time to bring past practices up.

(5) This type of advocacy is not based on our desire to remove students from our classrooms whom we have found problems in dealing with. These decisions must be based on student need, not professional needs.

We, as professionals, are being exposed to situations we know are not right. In the past we may have been able to comfort ourselves by saying, " . . . it wasn't my decision." But, if we sit quietly by and allow others to make decisions, we may, in fact, be tacitly approving such actions. Programming for autistic individuals has frequently been less than appropriate. We have a responsibility to actively halt such inadequate programming. To not do so may contribute to wasted lives.

PARENTS OF PSYCHOTIC CHILDREN AS SCAPEGOATS

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Over the past several decades the most prevalent views of autism and childhood psychosis have considered the parents to be the primary cause of the child's disturbance. Psychoanalytic theory has been used to identify interpersonal trauma, rejecting mothers, and destructive parental motives as producing the child's emotional withdrawal and ego disorganization. During the last few years, however, there has been growing evidence that autistic and psychotic children suffer from neurological, biochemical or other organic impairments which predispose them to psychotic development. This new knowledge suggests that regardless of what other adjustment problems they may have, parents also react with emotional and intellectual confusion to their problem child. The purpose of this paper is to examine some of the conditions and reasons why parents of autistic and psychotic children have been regarded as primary agents in their child's psychosis, and to see if these can be understood according to the age-old mechanisms of scapegoating. According to Gordon Allport (1966), scapegoating may be defined as "a phenomenon wherein some of the aggressive energies of a person or a group are focused upon another individual, group or object: the amount of blame being either partly or wholly unwarranted."

Members of the mental health professions are usually not viewed as using scapegoating in their professional activities. On the other hand, it is not at all uncommon in professional case discussions of family dynamics to hear the patient's psychosis or mental illness attributed to the scapegoating of his parents, (see Bell and Vogel, 1960). Perhaps this selective use of the scapegoating device by clinicians is indicative of the children's projection of his own feelings and biases on the parents of severely disturbed children.

Parental and scientific indignation against such biases have been published with increased frequency in recent years. (Park, 1967; Eberhardy, 1967; Kysar, 1968; May, 1958; Wilson, 1968). Recent research has reflected an accumulation of evidence suggesting that parents of autistic and psychotic children have often been mistakenly considered as the primary agent in their child's psychosis (Pitfield, M. and Oppenheim, A., 1964; Frank, G., 1965; Rimland, 1964; and Schopler, E. & Loftin, J., 1969). In his scholarly book on autism, Rimland attacks "the pernicious psychodynamic theories" which have been used to falsely accuse parents of having made their child autistic. Although Rimland has been criticized for taking an oversimplified position in the nature-nurture controversy, there appears to be smoke enough in arguments like his to investigate the fire hazard.

Allport's monograph on scapegoating suggests some helpful considerations. He defines quite precisely conditions and motives leading to scapegoating. He accurately characterizes the victims and the motives of scapegoaters. This paper presents some of Allport's dimensions of scapegoating and illustrates how they may apply to professional attitudes towards parents of autistic children.

Allport sees scapegoating in terms of stages or degrees of certain hostile relationships which represent a continuum. The mildest degree is simply a preference of predilection for certain human traits and characteristics. In the field of mental health this might simply be a preference for working with adults or children, neurotics or psychotics. In the second stage a predilection becomes rigid or exaggerated. It is a stereotyped judgment, hard to change a prejudice. This attitude may be reflected in clinical evaluations in which children's pathology is consistently interpreted as a function of parental character and personality makeup, and any ambiguous clinical evidence is interpreted with the presumption that parental pathology was the primary agent in the child's adjustment problems. The next stages of scapegoating refer to prejudices which are acted out. In the third stage, discrimination is an act of exclusion prompted by prejudice. Generally it is not based on an individual's intrinsic qualities, but on a "label" branding the individual as a member of a discredited group. Some clinics and mental health workers label parents of autistic children as "refrigerator parents", "smothering mothers", or as "schizophrenogenic" parents. Even when parents do not consider themselves as patients they may be required to submit themselves to intensive psychotherapy with the threat that their child will be excluded from any help unless they do so. Allport's last stage of scapegoating involves full fledged aggression in word or deed. The victim belongs to a minority group weaker than ourselves and cannot fight back. Although parents of autistic children have not been awarded the treatment of Negroes and Salem witches, they have been subjected to distinctly unpleasant experiences. They have been told by clinicians like Bettelheim that the only hope for their child is a parentectomy -- a complete and permanent separation of the autistic child from his parents. They have been told that our society has no obligation for the special education of their child, and the only way for them to partially discharge their guilt and responsibility is to undertake exorbitantly expensive, private therapy with no guarantees of outcome of success.

I have indicated several common attitudes and actions typical of the relationship between mental health facilities and parents of autistic children, behaviors which appear consistent with scapegoating. Let us review some of the motives and underlying conditions which Allport describes as necessary in the process of scapegoating.

1. Thwarting and deprivation - People are often frustrated in what they want or feel they need. The resulting aggression -- scapegoating -- may not be directed against the cause of the frustration, but against some other convenient object. Often the scapegoat is at least partially to blame, but he is usually made to pay for much more than his minor part. One of the chief frustrations in the field of mental health has been the pervasive lack of knowledge about the causes of psychosis, the course of the disorder, the descriptive classification, and the optimum treatment. This confusion is clearly reflected in the literature. In the Laufer and Gair (1969) chapter on Childhood Schizophrenia there are no less than 18 different

labels offered, all referring to overlapping conceptions of these primary disorders in childhood. This confusion and lack of knowledge in the field places a frustrating burden on the clinician.

2. Guilt Evasion - Guilt feelings arise from the omission or commission of certain deeds. The projection of guilt is as old as history. Allport observes that we never feel as innocent as when we see our own sins in other people. The confusion and lack of consensus regarding autism mentioned above tends to weight heavily on those clinicans charged with the treatment of autistic children, charged with converting knowledge into practice. This burden is often experienced as guilt. Since the resulting aggression is not readily discharged against the child, his parents provide a most convenient substitute.

3. Fear and Anxiety - There are many sources of social strain generating more or less specific anxieties. These may involve threat of nuclear war, racial tensions, strains between generations and many others. These affect all of us. The clinician confronted with an autistic child has the additional burden of coping with the child's difficult interpersonal behavior. The child may be negativistic and irritable. He may say some advertising slogans, but does not use meaningful language. He does not relate well, acting as if he were alone. This interpersonal avoidance and disorganization is often communicated to the clinician. He feels unrelated and insignificant to the child. The resulting sense of helplessness in the adult is not easily expressed against the child, and considerable pressure develops to explain the child's impossible behavior in terms of his parents.

4. Self enhancement - Feelings of inferiority may lead to scapegoating, so that the individual may convince himself of his own value and strength. When the basic causes for psychosis in a given child are not clear, and when the progress in treatment is uneven, the clinician's role as an authoritative expert is seriously threatened. If, in addition, he is working within a system that requires him to charge a high fee for his time, he is under considerable pressure to rationalize his role. The already existing traces of guilt, insecurity and desperation in the parents, form a convenient handle for explaining and rectifying the plight of both child and clinicians. The parents' perplexity may readily be interpreted as a primary cause of the psychosis.

5. Conformity - If everyone around us is given to scapegoating, particularly those held in esteem, then only by imitating their actions can we be fully accepted in the group whose approval we desire. If the predominant orientation of a clinic is the psychoanalytic framework, then the emphasis on parental pathology for explaining children's difficulties is a shared belief among the staff. The senior staff's working assumptions are reinforced by a wide array of social sanctions.

6. Tabloid Thinking - It is less trouble to think of "the bankers" or the army "brass hats" as responsible for war, than to figure out war's complex economic and cultural causes. Simplification of issues provides for economy and energy in directing aggression.

In the case of childhood psychosis the clinician may be required to identify and consider organic causes; hard and soft signs; unusual sensory and perceptual processes in the child; the effects of traumatic experiences; genetic taint; dietary and glandular deficits; cold, guilty, and confused parents — to mention some of the more prominent suggested factors. Such an evaluation is difficult and time consuming. Critical thought is more easily replaced by simplifications and tabloid thinking as in cliches or labels.

Having discussed some of the motives behind the scapegoating, let us turn our attention to the victim. Allport defines four important characteristics of the victim.

1. He has salient characteristics easy to identify. The parent of an autistic child is often quite conspicuous in the waiting room and in public. Although his child generally looks quite normal, he engages in peculiar finger movements, noises, and is unresponsive to conversation directed to him. The parents are less conspicuous than other types of scapegoat victims, but they are embarrassed by their child's peculiarities, especially when exposed to strangers and well-meaning relatives.

2. The victim has little possibility for retaliation because the scapegoater is stronger than he in terms of prestige and number. Until recently, the parents of psychotic children had no organization through which to bring about legislation, funds, and resoures for their children. Parents of retarded children, who appear not to have been scapegoated, have long been organized on a national level, thus effecting substantial support for their children's need. This lack of social cohesion had kept parents of autistic children weak and disorganized in the past.

3. The victim's strength has been previously undermined through attack. The presence of an autistic child inhibits the family's social life. Their embarrassment and shame, coupled with their inability to account for their child's strange behavior, makes many parents withdraw from social life. The school system has not provided the appropriate special education and the mental health facilities have lacked the necessary resources. Well-meaning relatives offer advice (which often takes the form of yet another criticism). The parents' confused and perplexed reactions to their child have often been turned around and presented as the primary cause of the autism. The resulting demoralization makes such parents ready and sometimes even willing victims for scapegoating.

4. The victim is accessible. In their desperate search for help, parents present themselves to any available mental health clinic. From the psychodynamic formulations which explain the child's disorder in terms of parental personalities, an equally adequate case might be made for the psychopathology of his grandparents. They are, of course, less accessible than the parents who therefore remain as the most available target.

Following these four characteristics Allport cites various reactions of the scapegoat victim.

1. He may try to adapt through compliance, meeting the scapegoater's demands in his outward behavior. Some parents with necessary resources submit themselves to intensive psychotherapy with the hope that they can change those personality traits which are believed to have produced their autistic child. They spend a large percentage of the family's financial resources, or they try many different treatment techniques.

2. Resistance may take the form of assertive competition, striving by extra efforts, extra study, extra cleverness, to offset the artificial restrictions and handicaps imposed through prejudice. Parents of autistic children have written books, articles, and developed their own treatment programs. According to psychoanalytic theory such intellectual efforts are often considered as the same defensiveness which was thought to have produced the autistic child in the first place. Perhaps it would be more accurate to describe these efforts as an effort to fill gaps of ignorance, than as a defense against scapegoating.

3. The victim may seek ameliorative legislation. After the publication of Rimland's book in 1964 in which he attacked the psychodynamic biases against parents of autistic children, he earned the prestige and leadership necessary for establishing the now growing National Society for Autistic Children, an organization which has spread throughout the United States.

I have attempted to document how parents of severely disturbed children have been scapegoated. In conclusion I will mention some methods for combatting scapegoating. These include: foremost research and education; understanding our own motives in the light of changing scientific knowledge, and being open to the research which demonstrates that autism may be linked with genetic, constitutional and biochemical predispositions in the child. Such organic predispositions have long been recognized, but have failed to penetrate the actual psychological and psychiatric evaluations of autistic children. Far too little attention has been paid to the extent to which parents react to their autistic child's peculiarities, and the extent to which these perplexed and disaffected reactions have been confused with primary causes.

There are programs of behavior modification and special education like the one in our Child Research Project. In this project, parents of psychotic children have been effectively engaged as cotherapists in the successful socialization of their child. This symposium, devoted to the topic of parents as developmental agents in the rehabilitation of their impaired children is perhaps the most immediate evidence that the scapegoating of parents is on the decline.

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PARENTS OF HANDICAPPED CHILDREN HELPING PARENTS OF HANDICAPPED CHILDREN

A PROGRAM OF IOWA PILOT PARENTS

The Iowa Pilot Parents State Office has been established under the sponsorship of the Iowa Developmental Disabilities Program. Iowa Pilot Parents will assist in the new development of voluntarily managed and financially self-sufficient Iowa sites and provide maintainance and technical assistance to established sites in Iowa.

Pilot Parents are volunteer parents of developmentally disabled children helping parents of developmentally disabled children. The initial difficulties parents face in accepting that their child is handicapped, learning about that handicap, and finding the proper services to aid their child can be overwhelming. At birth or diagnosis, a handicapped child is surrounded by professionals to deal with their special need, but a parent is often left alone to struggle with many feelings.

That's where the Pilot Parents Program comes in. Pilot Parents is a group of supportive experienced parents serving other parents of handicapped children. Their purpose is to give emotional support, understanding, and information to parents of newborn, newly identified, or recently acknowledged handicapped children. They also introduce parents to helpful persons and groups who share their concerns.

As Pilot Parents, they have two magic answers, however, they offer acceptance and willingness to talk about the problems and the pleasures of raising a handicapped child. They convey positive attitudes toward their own child, who usually has a handicap similar to the child of the new parents. Pilot Parents primarily listen to the new parents concerns, anxieties, and fears.

For more information on a site nearest you or on developing a program, contact Iowa Pilot Parents; Carla Lawson, Director; 1602 10th Ave. North, Fort Dodge, Iowa 50501 or call 515-576-5870.

Contact:

Iowa Pilot Parents
Carla Lawson, Dir.
1602 10th Ave. North
Fort Dodge, Iowa 50501

AREA: General Information
LEVELS: PIJS
SOURCE: Unknown

TEACHER'S PHILOSOPHIES

1. Autism is a severe learning disability requiring education as an important remedial tool.

2. Autism is a deficit of cognition, communication, and sensory integration.

3. Teaching should be language-oriented.

4. Each child's level of performance varies, so the program must be individualized.

5. Parent involvement is essential for carry-over.

6. Operant conditioning should be used sensibly.

7. Sign language should be available.

8. The autistic child should be allowed to advance as far as possible.

9. It is recognized that the child has human feelings, needs, and desires.

10. Each school day should be worthwhile for the child.

11. The learning environment should be as positive as possible.

HELPFUL HINTS FOR PARENTS

1. Accept your child. He or she is an individual of worth; let the child know it.

2. Make life predictable.

3. Be consistent with discipline.

4. Assist the school's attempt to make your child independent.

5. Do not let your child manipulate the entire home environment.

6. Assist the teacher.

7. Do not compare children--within the home or classroom. Each has the right to be different.

8. Give genuine praise for jobs well done. Unearned praise can be damaging.

9. Help the child learn to succeed.

10. Do not assume the child knows simple concepts, like up, down, front, behind, etc.

11. Have a positive attitude when approaching teaching situations.

12. Make life enjoyable. Make child glad he or she has each day to live.

NSAC BOOK LIST

National Society for Autistic Children

1.	Listen and Help Tell the Story	Carlson
2.	Music Activities for Retarded Children	Ginglend
3.	Play Activities for the Retarded Child	Carlson/Ginglend
4.	Recreation for Retarded Teens and Adults	Carlson/Ginglend
5.	This is Stevie's Story	Murrey
6.	How to Live with Your Special Child	Von Hilsheimer
7.	Causes of Behavior (2nd ed.)	Rosenblith/Allinsmith
8.	Emotionally Disturbed Child in the Classroom	Hewett
9.	Infantile Autism	Rimland
10.	Wild Boy of Averyron	Itard
12.	Aphasic Child	Roberts
13.	Aphasic Handbook	Agranowitz
14.	Birth of Language	Kastein
15.	Learning Disabilities	Tarnopol
16.	Non-Verbal Child	Adler
17.	Parents of the Handicapped Child	Barsch
18.	Speech and Language Delay	Battin & Haug
19.	Your Child is Asleep	DesLauriers/Carlson
20.	The Siege	Park
21.	Gone is Shadows Child (paperback)	Foy
26.	Early Childhood Autism	Wing
27.	Autistic Children--Guide for Parents	Wing
28.	No Child is Ineducable	Segal
29.	The Schizophrenias: Yours & Mine	Schizo, Founda
30.	Retarded Adults at Home: Guide for Parents	Katz
31.	Benhaven--Two Paths	Lettick
32.	Benhaven's Way	Lettick
33.	Experimental Pre-vocational Training Project for Autistic/Neurologically Impaired Child	Freschi (Benhaven)
34.	A Child Called Nosh	Greenfeld
35.	Parents and Teachers Guide for care of Autistic Child	Burkowsky
36.	Continuing Summary/Pending & Completed Litigation Re: Education/Handicapped Child	Abeson
37.	Behavior Therapy - BIB 1950-69 (reviewed NSAC 4/73 NL)	Morrow
38.	Effective Teaching Methods/Autistic Children (10/1/74)	Oppenheim
39.	Tommy: A Treatment Study of an Autistic Child	Steucher
40.	Body, Mind & Sugar (paperback)	Abrahamson
42.	Orthomolecular Psychiatry	Pauling/Hawkins
43.	Doctor/Teacher/Parent/Child	Philpott
44.	Precision Teaching	Kunzelmann
45.	Improvement of Instruction	Haring
46.	Autism: Cure Tomorrow, Care Today: '67 SA Conference/Autism	Australia SAC
47.	Child Behavior Modification: Manual for Teachers/Nurses/Parents	Watson
48.	Childhood Psychosis: Initial Studies & New Insights	Kanner
49.	Living Around the Now Child	Woodward/Biondo
50.	Slow Learner in the Classroom	Kephart
51.	Day of Visual Perception Guide (rev.)	Frostig/Horn
52.	For the Love an Ann	Copeland

54.	Language Program for Non-Language Child	Gray/Ryan
55.	Where's Hannah?	Hart
56.	Autism and Childhood Psychosis	Tustin
57.	Allergy of the Nervous System	Speer
58.	Autism: An Overview	Marx
59.	Education, Health & Behaviour	Rutter
60.	Maternal Deprivation Reassessed	Rutter
62.	Neuropsychiatric Study in Childhood	Rutter
63.	Child with Delayed Speech	Rutter
64.	Behavior Modification in Child Treatment/Clinical Approach	Browning/Stover
65.	The Brain Revolution	Ferguson
66.	Megavitamin Therapy	Adams/Murray
67.	Deal Me In - Teaching & Learning with Playing Cards	Golick
68.	Toilet Training in Less Than a Day	Azrin
69.	Toilet-Training the Retarded	Foxx/Azrin
70.	Kindergarten Teacher's Handbook	Meyers, Ball, et al
72.	The Ultimate Stranger	Delcato
73.	Circle of Children	MacCracken
74.	He's My Brother	Lasker
75.	Trumpet of the Swan	White
76.	Cooking for Your Celiac Child	Sheedy/Keifetz
77.	Reaching the Autistic Child--Parent Training Program	Kozloff
78.	Educating Children With Learning, Behavior Problems: The Behavior Modification Approach	Kozloff
79.	Daily Sensorimotor Training	Bradley
80.	Death of Psychiatry	Torrey
81.	Please don't Say Hello	Gold
82.	Help for the Handicapped Child	Weiner
83.	Prisoners of Psychiatry	Ennis
84.	Analysis & Modification of Classroom Behavior	Phillips/Hong
85.	Infantile Autism-Proceedings of the Indiana University Colloquim	Churchill
86.	Is it Well with the Child?	Strauss
87.	Sensory Integration and Learning Disorders	Ayres
88.	Child Without Tomorrow (paperback)	Graziano
89.	Games Without Words	Wolff/Wolff
90.	Behavior Modification with Retarded/Autistic Children - Programs for Administrators, Teachers, Parents and Nurses	Watson
95.	Autism: Diagnoses, Current Research & Management	Ritvo
96.	Teach Me, Teach Me	Kaplan-Fitzgerald
97.	Phonics Sequence/Teaching Reading to Children with Severe Communication Disorders	Robinson(Benhaven)
98.	The Autistic Child	Lovaas
99.	An Approach to Teaching Autistic Children	Everard(England)
100.	Cookbook & Eating Guide/Orthomolecular Treatment	Nichols
101.	Psychoeducational Profile - TEACCH	Schopler/Reichler
R1	Brochure, "Could Your Child Be Autistic?"	NSAC
R2	"Lost Child (2/70 Health news reprinted)	
R3	"Children Apart"	NSAC
R4	"Child Called Noah"	Greenfeld
R5	"Current Research/Field of Severe Childhood Mental Illness"	Beavers
R6	"Current Research" (thru 12/70)	Beavers
R7	Bibliography and Film listing	NSAC

R8	"Statement of Joint Commission"	NSAC
R9	"Parents of Psychotic Children as Scapegoats"	Schopler
R10	Bibliography of Articles & Bibliography of Free/Inexpensive Literature	NSAC
R11	"Program for Handicapped Autistic Child in Rec. Class" (repr. 4/72 Jopher)	Dewey
R12	"Recreation & Exercise as Therapy for Autistic Children" (repr. 4/73 Jopher)	Dewey
R13	"Teaching Physical Education to Special Students" (reprint of Ch. 4)	Dewey
R14	"Recreation for Autistic & Emotionally Disturbed Children"	Dewey
R15	"Autistic Child in a Regular Classroom Program: Question and Answer Guide for Teachers and Parents"	Dewey
R16	"New Resources for Severely Disturbed Young Children/ Parents"	Fenichel, Etal
R17	"New Education Policies for the Handicapped: The Quiet Revolution" (repr. 4/74)	Weintraub/Abeson
R18	"Elly and the Right to Education" (repr. 1974)	Park
R19	"Autism: A Medical Mystery" (repr. 4/66 McCalls)	Senn
R20	"Role of Chemical Abnormalities & Allergies in Schizophrenia"	Philpott
R21	"View from Couch"	Eberhardy
R22	"Guide for Parents of Emotionally Disturbed Children"	Miller
R23	"Breaking the language Barrier"	Pieper
R24	"FACTS" About Autism	NIMH
R27	"Parents Guide/Learning Problems"	Golick
R28	"Parents Guide/Hyperactivity in Children"	Minde
R29	"She Thought I Was Dumb/Learning Disability"	Golick
R30	"Why Some Children Don't Speak" (10/72 repr. Commentary)	Rudikoff
R31	"Is Schizophrenia Universal? An Open Question" (repr. 1973)	Torrey
R32	"Slow and Latent Viruses in Schizophrenia"	Torrey/Peterson
R33	"Schizophrenia and the Limbic System"	Torrey/Peterson
R34	"Reaching the Unreachable Child" (NY Mag. 2/75)	Kaufman
R35	"Competencies for Teaching" (original paper)	Peter
R36	"A Behavior Modification Approach/Treatment of Autistic Children"	Lovaas/Schreibman/Koegel
R37	"Evidence for Biological Basis of Infantile Autism" (repr. Orthomolecular Psychiatry 1972, Vol. 1, 2, 3)	Meyer/Hunsaker
R38	"Sensory Integrated Dysfunction in a Young Schizo Girl"	Ayres
R39	"Practical Guidance for Those Who Work with Autistic Children"	Landman(England)
R40	"Language in Chimpanzee"	Premack
R41	Film Bibliography	Sullivan
R42	Reprint folder - articles by Dr. Ames	NSAC
R43	"The Invulnerable Parent" (reprint from Journal)	Akerley
R44	"Medical Research Directory"	NSAC - O'Tuama
R45	"Springing the Tradition Trap" (reprint from Journal)	Akerley
R46	"The Relationship Between Problem Behavior and Food Allergies: One Family's Story"	JACS - Vol. 6, No. 1
R47	"Childhood Autism (8/75 repr. Children Today)	Cohen
R48	"Optometric Care for a Child Manifesting Autism" (6/75 Journal of Optometry)	Whittaker
R49	"Modification of behavior with Autistic-like Characteristics in Three Settings"	Ayre

PROCEEDINGS

R101	1970 Annual Meeting Proceedings (San Francisco)	NSAC-NIMH
R102	1971 Annual Meeting Proceedings (Mini) Sept. NL	NSAC
R103	1972 Annual Meeting Proceedings (Flint, Mich.)	NSAC-NIMH
R104	1973 Annual Meeting Proceedings (St. Louis, Mo.)	NSAC
R105	1974 Annual Meeting Proceedings (Washington, D.C.)	NSAC
R106	1975 Annual Meeting Proceedings (San Diego, Cal.)	NSAC
R107	1976 Annual Meeting Proceedings (Chicago, Ill.)	NSAC
R108	1977 Annual Meeting Proceedings (Orlanda, Fla.)	NSAC
R109	1978 Annual Meeting Proceedings	NSAC
R110	1979 Annual Meeting Proceedings	NSAC
R111	1980 Annual Meeting Proceedings	NSAC
R120	"How to Obtain Educational Services/Autistic Child/Public School"	NSAC "How To" No. 1
R121	"How to Conduct a Regional Workshop"	NSAC "How To" No. 2
R122	"Fund Raising Ideas--Ways and Means"	NSAC "How To" No. 3
R207	75-76 Regional papers (St. Louis, Atlanta, San Jose, Dallas)	NSAC

These books and reprints are available through:

National Society for Autistic Children
169 Tampa Avenue
Albany, new York 12208
(518) 489-7375

AREA: Diagnosis and Assessment
LEVELS: PIJS
SOURCE: The Nature and Treatment of Autism by Juliann Cripe, Speech Clinician, Keystone AEA #1

AUTISM

DESCRIPTIVE AND DIAGNOSTIC PLAN

Symptoms described by Kanner (1943) as essential for diagnosis marked with an asterick.

A. Basic impairments

1. Problems affecting language and communication.

    a. Spoken language.

        *(1) Problems in comprehension of speech.

        *(2) Abnormalities in the use of speech.

            * Complete absence of speech (mutism) or, in those children who do speak:

            * Immediate echolalia.

            * Delayed echolalia.

            * Repetitive, stereotyped, inflexible use of words and phrases.

            * Confusion over the use of pronouns.

            Immaturity of grammatical structures in spontaneous (not echoed) speech.

            Abnormalities like those found in developmental receptive speech disorders in spontaneous (not echoed) speech.

        *(3) Poor control of pitch, volume, and intonation.

        *(4) Problems of pronunciation.

    b. Non-spoken language and non-verbal communication.

        *(1) Poor comprehension of the information conveyed by gesture, miming, facial expression, bodily posture, vocal intonation, etc.

        *(2) Lack of use of gesture, miming, facial expression, bodily posture and vocal intonation to convey information.

2. Abnormal responses to sensory experiences (indifference, distress, fascination).

   *a. Abnormal responses to sounds.

   *b. Abnormal responses to visual stimuli.

   *c. Abnormal responses to pain and cold.

   *d. Abnormal responses to being touched.

   *e. "Paradoxical" responses to sensations.

3. Abnormalities of visual inspection.

   a. The use of the peripheral rather than central visual fields.

   b. Looking at people and things with brief flashing glances rather than a steady gaze.

4. Problems of motor imitation.

   a. Difficulty in copying movements.

   b. Muddling right-left, up-down, and back-front.

5. Problems of motor control.

   a. Jumping, flapping limbs, rocking and grimacing.

   b. A springy tip-toe walk without appropriate swinging of the arms.

   c. An odd posture when standing, with head bowed, arms flexed at the elbow and hands drooping at the wrist.

   d. Spontaneous large movements, or fine skilled movements, or both may be clumsy in some children though others appear to be graceful and nimble.

6. Abnormalities of autonomic function, vestibular control and physical development.

   a. Erratic patterns of sleeping and resistance to the effects of sedatives and hypnotics.

   b. Erratic patterns of eating and drinking, including consumption of large quantities of fluid.

   c. Lack of dizziness after spinning around.

   d. Immaturity of general appearance and unusual symmetry of face.

B. Special skills.

*1. Skills that do not involve language.

These skills include music, arithmetic, dismantling and assembling mechanical or electrical objects, fitting together jig-saws or constructional toys.

*2. An unusual form of memory.

The ability to store items for prolonged periods in the exact form in which they were first experienced.

C. Secondary behavior problems.

*1. Apparent aloofness and indifference to other people, especially other children.

*2. Intense resistance to change, attachment to objects and routines or a repetitive, uncreative interest in certain subjects.

*3. Inappropriate emotional reactions.

*4. Lack of imagination.

a. Lack of imaginative play or creative activities.

b. Attending to minor or trivial aspects of people or objects instead of attending to the whole.

c. Absorption in repetitive activities, stereotyped movements, self-injury, etc.

5. Socially immature and difficult behavior (Wing, 1976, p. 49-52).

AREA: Diagnosis & Assessment
LEVELS: PIJS
SOURCE: Iowa City Child Psychiatry Services

AUTISM OBSERVATION FORM

Child ____

Date of Admission ________________________________

Age ____

Tester/Observer __________________________________

I. Language

   1. Receptive (in 1-1)

      a. Give/Point

      b. Direction

      c. Environmental

      d. Does Gestures Facilitate Comprehension

   2. Expressive

      a. Verbal

      b. Sign

      c. Spontaneous

II. Reinforcers

   1. Primary

   2. Social

   3. Understanding of Reinforcement Paradie

III. Interfering Behaviors

   1. Self-stimulation

   2. Behavior Controls

   3. Other Behaviors

   4. What Happens When Frustrated

5. Behaviors Associated With Change of Tasks

6. Working In Group

IV. Task Structure

1. Does Child Have Ready to Work Skills
2. Does Child need Cues for Attention? What?
3. What Task Structure Does She/He Know?
4. How Quickly Learn Format
5. What Type of Prompt Works Best.
6. How Large a Display Can She/He Handle.
7. What Modality Works Best.
8. Presentation of Lesson (Trays, etc.)
9. How long can He/She Work Without Break?

V. Can Child appropriately Occupy Self

1. Toys
2. Manipulatives
3. Length of Time Work Independently

VI. Social

1. Will She/He Hold Peers Hand
2. Initiate Contact With Peer
3. Initiate Contact With Adult
4. Physical Contact

AREA: Diagnosis and Assessment
LEVELS: PIJS
SOURCE: NSAC Communicator, Vol. 2., No. 2, Apr. 1979

LANGUAGE EVALUATION PROCEDURES FOR AUTISTIC CHILDREN

I've been experimenting with a number of different standard language tests as well as some informal evaluation methods to see how they work with autistic children. My judgment at this time is that any standardized language test should be used with caution. Many tests that give good results with a normally related language handicapped child produce misleading results with the autistic child. Two variables which seem to affect this and which you should consider when selecting a test to give are:

1. Number of Imitation Tasks: Autistic Children often have language imitation skills far above their meaningful receptive and expressive language. This may result in a deceptively high score on a test containing a large number of imitation tasks (example: The Preschool language Scale by Zimmerman).

2. Disordered Language Development: Autistic children usually have disordered as well as delayed language development. This may result in a child's obtaining a specific language age, but having gaps in development below this age which must be noted. The procedure I use is to go ahead and give the test and then to note gaps, specfically what they were and at what age levels they occurred.

Some tests I've found helpful:

1. Test for Auditory Comprehension of Language by Carrow: A good test for receptive language. Includes single word vocabulary, some more abstract concepts, and longer syntactive structures. Much less confusing than that Northwestern Test.

2. Receptive - Expressive - Emergent Language Scale (REEL): A parent interview form which is nice for use with very young, very delayed, or difficult to test children. Age range: 0 to 36 months.

3. Sequenced Inventory of Communication Development: Both receptive and expressive scales are available. The best thing about this test is the age range -- 4 months to 4 years.

4. Language Samples: "Whether you use an elaborate procedure or not, a language sample is really helpful. I like to tape part of a session and then have it typed up and attached to a report, class consultation, or home program. It makes any test result or language age score more real. Michael Rutter had devised a new language sample analysis method (British Journal of Disorders of Communication, Vol. 12, No. 2), which measures both language development level and abnormalities.

Final Note: If you don't have these tests, borrow them from your local speech pathologist ask him/her to try them the next time they evaluate one of your kids. Use the test form as a checklist for language in the class.

Sally Davis
Piedmont TEACCH Center
North Carolina

AREA: Diagnosis & Assessment
LEVELS: PIJS

SANTA BARBARA COUNTY SCHOOLS

Informal Assessment Survey

LANGUAGE

Receptive:

Level I—Simple Commands

	1	2	3	4	5	Comments
"Look at me"						
"Come here"						
"Sit down"						
"No"						
"Hands down"						

*Level II—Common Objects and Pictures**

Objects	1	2	3	4	5	Comments
"Give me cup"						
...shoe"						
...ball"						
...sweater"						
...spoon"						
....						
....						
....						
....						
....						

Pictures	1	2	3	4	5	Comments
"Give me cup"						
...shoe"						
...spoon"						
...ball"						
...baby"						
....						
....						
....						
....						
....						

Level II—Body Parts

	1	2	3	4	5	Comments
"Touch your head"						
...nose"						
...eyes"						
...mouth"						
...arm"						
...ear"						

*Individualized test items—appropriate information obtained from file or parents

Level II—Colors

	1	2	3	4	5	Comments
"Give me red"						
...blue"						
...green"						
...yellow"						
...orange"						

Level II—Prepositions

	1	2	3	4	5	Comments
"Put the block 'on' "						
...'under' "						
...'in' "						
...'behind' "						
...'between' "						

Level II—Complex Commands (individualized, based on results from the above)

	Yes	No	Comments

EXPRESSIVE:

Level I—Prerequisites

Gross motor imitation—"Do this"

	1	2	3	4	5	Comments
Hands up						
clap						
Hands on head						
Stand up						

Fine motor imitation—"Do this" (sign symbols)

	1	2	3	4	5	Comments
Eat						
Drink						
Shoe						
Table						
Red						
Green						
Stand						
Under						

Verbal imitation—vowels—"Say..."

	1	2	3	4	5	Transcriptions
a						
o						
e						
i						
u						

Verbal imitation—consonants—"Say..."

	1	2	3	4	5	Comments
b						
p						
d						
t						
m						

Words (individualized, based on sounds produced)—"Say..."

	1	2	3	4	5	Comments
Baby						
Mama						
....						
....						
....						
....						
....						
....						

Level II—Beginning Communication

Description of child's beginning communicative system

Description of responses related to S^D

Level III - Language

Analysis of child's spontaneous production

SYNTACTIC ANALYSIS

Grammatical Forms	Substitutions	Deletions	Transpositions	Insertions	Overgeneralizations	Correct

COGNITION

Readiness:

Level I—Manipulation

rings ____________________

pegs ____________________

ball ____________________

form board ____________________

Level I—Matching object-to-object

	1	2	3	4	5	Comments
nesting blocks						
plates						
cups						
bowls						

Level I—Function of objects

	Yes	No	
comb			
cup			
spoon			
toothbrush			
pencil			
scissors			
drum			
bell			
shaker			

Level II—Matching object-to-object

	1	2	3	4	5	Comments
scissors						
shoe						
drink						
crayon						
________						
________						
________						

Level II—Matching/auditory

	1	2	3	4	5	Comments
sand blocks						
drum						
bell						
xylophone						

Level II—Sequencing

Size	Yes	No	

Level III—Matching object-to-picture (identical)

	1	2	3	4	5	Comments
cup						
spoon						
shoe						
baby						

Level III—Matching object to picture (non-identical)

	1	2	3	4	5	Comments

Level III—Sorting object-to-object

	Yes	No	No. of items	Comments

Level III—Beginning pattern matching (objects-to-pattern)

	1	2	3	4	5	Comments
beads						
blocks						
pegs						
________						
________						
________						

Level IV—Classification

Sorting by color	1	2	3	4	5	Comments
yellow						
red						
green						
blue						

Sorting by shape	1	2	3	4	5	Comments
rectangle						
square						
circle						
triangle						

Sorting by size	1	2	3	4	5	Comments
small						
medium						
large						

Sorting objects by function

	1	2	3	4	5	Comments
transportation						
toiletry						
utencils						
clothes						
food						
________						
________						
________						
________						

Same/different (individualized, two objects presented)

Picture: "Give me same."

	1	2	3	4	5	Comments
________						
________						
________						
________						
________						

Object: "Give me same."

	1	2	3	4	5	Comments

Picture: "Is this same?"

	1	2	3	4	5	Comments

Object: "Is this same?"

	1	2	3	4	5	Comments

Visual motor perception: pre-writing

Use Frostig materials for assessment

ACADEMIC

Level I—Basic number concepts

One-to-one correspondence—"Match the same"

	1	2	3	4	5	Comments
1						
3						
5						
9						

Counting—"Count these blocks"

	1	2	3	4	5	Comments
3						
5						
7						
10						

Quantity

"How many blocks?"

	1	2	3	4	5	Comments
1						
2						
6						
9						

"Give me _____" (from group of ten)

	1	2	3	4	5	Comments
3						
5						
7						
8						

Level I—Pre-reading

Letter matching

	1	2	3	4	5	Comments
a						
b						
c						
e						
p						

Letter identification—"What is this?"

	1	2	3	4	5	Comments
a						
b						
c						
e						
p						

Letter sound identification—"What does this sound like?"

	1	2	3	4	5	Comments
a						
b						
d						
e						
p						

Level II—Formal reading and mathematics

Abilities are assessed using formalized tests:

Distar Reading
Grolier Creative Reading Program
Distar Arithmetic

SOCIALIZATION

Level I—Social skills

	Yes	No	Comments
Sit appropriately in chair			
Keep hands on knees/table			
Maintain eye contact on command			

Level I—Description of off-task behaviors

Level II—Description of interaction of environment

AREA: Diagnosis & Assessment
LEVELS: PIJS
SOURCE: Jacki Anderson, University of Wisconsin

ECOLOGICAL INVENTORY STRATEGY FORM

Domain ____________________

Environment ____________________

Subenvironment 1 ____________________

Activity 1 ____________________

Skill Cluster 1 ____________________

Skill Cluster 2 ____________________

Skill Cluster 3 ____________________

Skill Cluster 4 ____________________

Skill Cluster 5 ____________________

Activity 2 ____________________

Skill Cluster 1 ____________________

Skill Cluster 2 ____________________

Skill Cluster 3 ____________________

Skill Cluster 4 ____________________

Skill Cluster 5 ____________________

Activity 3 ____________________

Skill Cluster 1 ____________________

Skill Cluster 2 ____________________

Skill Cluster 3 ____________________

Skill Cluster 4 ____________________

Skill Cluster 5 ____________________

Subenvironment 2 ____________________

Activity 1 ____________________

Skill Cluster 1 ____________________

Skill Cluster 2 ____________________

Skill Cluster 3 ____________________

Skill Cluster 4 ________________________________

Skill Cluster 5 ________________________________

Activity 2 ________________________________

Skill Cluster 1 ________________________________

Skill Cluster 2 ________________________________

Skill Cluster 3 ________________________________

Skill Cluster 4 ________________________________

Skill Cluster 5 ________________________________

Activity 3 ________________________________

Skill Cluster 1 ________________________________

Skill Cluster 2 ________________________________

Skill Cluster 3 ________________________________

Skill Cluster 4 ________________________________

Skill Cluster 5 ________________________________

SEE FOLLOWING SAMPLE

SAMPLE ANALYSIS OF SELECTED CURRENT AND SUBSEQUENT RECREATIONAL/LEISURE ENVIRONMENTS AND RELATED ACTIVITIES

CURRENT ENVIRONMENT

Domain: Recreational/Leisure for an Elementary Age Student

Environment: Public park/beach

Subenvironment 1: Restroom

Activity: Functionally using the restroom

1) locating the appropriate restroom by responding to location cues, symbols or words
2) entering the restroom and a stall
3) using the toilet facilities
4) using the sink and hand drying facilities
5) leaving the restroom

Subenvironment 2: Play equipment area

Activity: Functionally using a swing

1) locating the swings
2) getting on the swings, with or without partners
3) swinging with or without partners
4) getting off the swing

SUBSEQUENT ENVIRONMENT

Domain: Recreational/Leisure for a Junior High Age Student

Environment: Public park/beach

Subenvironment 1: Restroom

Activity: Same as listed above

Subenvironment 2: Refreshment stand

Activity: Purchasing refreshments

1) locating the refreshment stand by responding to location cues, printed words and/or symbols
2) presenting the money needed for the purchase of a drink to the clerk
3) ordering a drink
4) putting change in a pocket
5) drinking the drink
6) putting the cup in a receptacle

LANGUAGE TERMINOLOGY

AMERICAN SIGN LANGUAGE

A natural language used by the deaf which is independent from and does not necessarily follow the grammar of English. See: SIGNED ENGLISH.

ARTICULATION

The ability to execute oral motor movements (lips, tongue, teeth, palate, etc.) for the purpose of speech production.

CODED CHIPS

An arbitrary series of chips that are coded through e.g., color, size, pictorial representations, etc., and stand for a series of CONTENT and/or FUNCTION words (artificial language).

COGNITIVE SKILLS

The ability to compare, store, integrate and organize perceptual information, that is, the ability to "make sense" or "think" or to construct perceptual worlds in which sensory information from various modalities is integrated as information about objects in space and time.

COMMUNICATIVE SKILLS

The ability to convey information between people, that is, the ability to express desires, experiences, feelings, etc. Communication can take place through various channels (spoken words, written words, signing, facial expression, body movement, etc.).

CONSTITUENCY

Refers to sentences as being composed of a series of interchangeable parts. Deletions, substitutions, expansions, etc., enable one to produce an infinite number of utterances. It is this constituency that makes human language productive; sequences of words do not have to be stored as one unit but as composed of different words interconnected through systematic application of a series of rules.

CONTENT WORDS

Those words that have a direct lexical meaning; many nouns (TV, chair, rug) and verbs (walk, jump, eat, wait) have each direct meaning and can function independently. See: FUNCTION WORDS.

DELAYED ECHOLALIA

The literal echoing of phrases produced by others which occur after varying time lapses but not immediately after the original production. See: ECHOLALIA.

ECHOLALIA

The literal echoing of phrases produced by others often without an appropriate context; such utterances are of a rote automatic nature. Echolalia is not completely uncommon in normal language usage but particularly striking in autism.

EXPRESSIVE SKILLS

Refers to those language skills that necessarily involve a motor output component, that is, speaking, singing, writing. See: RECEPTIVE SKILLS.

FUNCTION WORDS

Those words that do not have a direct meaning and merely serve to interconnect CONTENT WORDS. See: CONTENT WORDS.

HIERARCHICAL ORGANIZATION

Refers to the fact that certain parts of a sentence are more closely interrelated than other parts. "Little" and "bunny" are more closely related than "little" and "jumped" in, for example, the sentence, "The little bunny jumped over the fence." Sentences can be viewed as having been constructed out of major parts which in turn are composed of smaller parts.

IDENTIFICATION (see TACTS)

INTERROGATION (see MANDS)

JUNCTURE

Pausing that occurs between and within sentences. It typically occurs at constituent boundaries, and it is part of the internal timing of a sentence.

LANGUAGE

An organized rule oriented system for encoding and decoding (communicating) ideas, requests, etc., regardless of the modality (speech, sign, written words, etc.) used.

LINGUISTIC SKILLS

The capacity to apply linguistic rules in a productive manner and thereby creatively produce "novel" utterances. Also, the capacity to perform symbolic functions.

MANDS

Refers to the use of language as controlled by its consequences (Skinner, 1957). This is similar to Premack's INTERROGATION function, and basically involves requests and imperatives. See: TACTS.

MUTENESS

The absence of vocalizations or the occurrence of vocalizations that are so limited as to bear little resemblance to human speech.

NON-COMMUNICATIVE

The absence of communicative behaviors; behavior representing thoughts, expressions, demands, etc., is lacking. See: COMMUNICATIVE SKILLS.

NON-VERBAL

The absence of vocalizations for purposes of expressing verbally coded messages.

OBJECT CONSTANCY

Different objects perceived as the "same things" on the basis of similarities between the different manifestations of that "same thing." For example, a whole variety of differently shaped and colored chairs will all be called "chair."

PEER MODELING

The use of the behavior of someone of your own age range as a model of behavior.

PHONOLOGICAL

Refers to the series of speech sounds that words and word combinations are composed of and to their rule based interrelationships. Phonological units are small and usually do not carry literal lexical meaning.

PRAGMATIC

The effects that language production has upon the immediate environment. A request such as "May I have some juice?" is analyzed in terms of what happens to the language producer rather than in terms of how that utterance is constructed. A pragmatic analysis, then, is context sensitive.

PRE-VERBAL PERFORMATIVES

The use of speech sounds, gestures, facial expressions, etc., in a COMMUNICATIVE sense; pre-verbal performatives are defined in terms of their intentionality and situational impact, and in terms of not being VERBAL constructs.

PRODUCTIVITY

In a linguistic sense, the capacity to produce a whole array of utterances through systematic application of rules and strategies.

RECEPTIVE SKILLS

The ability to understand what is being said or signed or to read without the necessity for expressive motor responses. See: EXPRESSIVE SKILLS.

REFERENTIALITY

Refers to a series of sounds, signs, pictures, etc. standing for or representing something else. A red traffic light, for example, stands for "stop" above and beyond its directly observable physical characteristics.

SELECTIVITY IN RESPONDING

See: STIMULUS OVERSELECTIVITY.

SEMANTIC

Refers to the meaning of a series of auditory or visual stimuli rather than to their structure or ordering; the semantic level of language relates to whatever meaning is expressed through a series of auditory or visual stimuli.

SIGNED ENGLISH

A sign language that attempts to follow the grammar of written English. It encompasses forms such as the plural, the gerund, etc. See: AMERICAN SIGN LANGUAGE.

SPEECH

A system of coordinated movements of larynx, pharynx, and mouth musculature that can be used to code language.

STIMULUS OVERSELECTIVITY

The inability to respond to a series of simultaneously presented stimuli; responding occurs to only one element of such multiple stimulus input. Stimulus overselectivity interferes with learning that is based on paired presentation of stimuli (classical conditioning) such as, for example, simultaneous presentation of auditory and visual stimuli.

SYNTAX

Refers to the manner in which words are intercombined and more specifically to the principles and regularities of these processes with a particular concern for ordering rules.

TACTS

Refers to those language functions that are merely controlled by preceding stimuli (Skinner, 1957), this encompasses labeling, exclamations, etc. Premack uses the term IDENTIFICATION. See: MANDS.

TEMPORAL (RETENTION) SKILLS

The ability to retain a series of stimuli according to their order of occurrence.

TEMPORAL (SEQUENCING) SKILLS

The ability to perceive the sequence in which stimuli are presented over time and the ability to execute a series of movements in a sequential order.

TOTAL COMMUNICATION

The simultaneous presentation of spoken and signed language. The speaker signs while speaking.

NOTE: Synchronicity of the two systems is only possible if the signs follow the spoken words closely; that is, only if Signed English is used.

VOCAL

Refers to sounds that are produced through action of the vocal cords. Coughing, singing, and talking are all of a vocal nature. See: VOCALIZING.

VOCALIZING

The act of sound production through action of the laryngeal muscles resulting in vocal cord movement and sound production. Vocalizations do not need to be intentional or used in terms of verbal expression.

WORD STRESS

Refers to the emphasis with which syllables are pronounced in comparison to each other, e.g., "spaghetti" has the main stress on the second syllable.

AREA: Communication
LEVELS: PIJS
SOURCE: Iowa City Child Psychiatry Services

COMMUNICATION CHARACTERISTICS OF AUTISTIC CHILDREN

1. One of major deficits in area of communication. Some of child's maladaptive behaviors are related to poor comprehension of and expressive facility with the language environment; including perseveration, echolalia, tuning out, self-stimulation.

2. Information processing deficits include:

    a. attending to relevant stimuli.

    b. organizing information into meaningful chunks so that retrieval is facilitated and so that novel utterances can be produced.

    c. inconsistent memory skills (directly related to areas 2a and 2b).

3. Receptive deficits include:

    a. recognizing functional relationships (semantic notions).

    b. understanding complex/lengthy directions.

    c. understanding spatial/time concepts.

    d. understanding negation and conjunction.

    e. understanding questions (related to 2a, 2b, 3a).

    f. understanding subtle language cues and non-verbal communication.

4. Production deficits include:

    a. articulation errors.

    b. fluency, volume, rate, intonation.

    c. echolalia (related to 2b, 3a).

    d. perseveration.

    e. elaborating content.

    f. describing actions, events, objects that are removed from immediate time and place.

    g. generalization to novel situations aside from training site.

    h. use of subtle language cues (slang, idiomatic expressions, multi-meaning words) and non-verbal communication.

5. Other communication deficits include:

    a. initiative to communicate.
    b. social use.
    c. frequency of use.
    d. generalization.
    e. social mimicry poorly developed.
    f. slow development of functional, integrated play: may be limited to few objects.
    g. rigid interpretations: applies to receptive and expressive vocabulary, syntax and organization.

AREA: Communication
LEVELS: PIJS
SOURCE: Teaching Makes a Difference

NONCOMMUNICATIVE
↓
COMMUNICATIVE

MUTE

Total Muteness
No self-stimulatory vocalizations
No communicative vocalizations (probably no gesturing or pointing)

Receptive skills: probably minimal (exceptions, however, can be found)

Functional Muteness
Vocalizations only as self-simulatory behavior; no specific meanings attached to vocalizations and no adherence to conversational discourse patterns (probably no gesturing or pointing)

Receptive skills: probably poor (exceptions, however, can be found)

Semi-Muteness
(Seems to be uncommon with autistic children)

Limited repertoire of words or word approximations (sometimes just vowels and grunts) which are used in a meaningful context usually to express immediate desires or dislikes

Gesturing and pointing more likely

Receptive skills: tend to be somewhat better developed

ECHOLALIC

Delayed Non-Communicative Echolalia
Repetition of words and phrases long after their original occurrence

Immediate Non-Communicative Echolalia
Parroting of words and phrases immediately after their occurrence

Prosity present only in echolaic behavior

Delayed Communicative Echolalia
Repetition of words or phrases long after, but in a situation similar to, their original occurrence

Communicative intent present but lacks conversational alterations

Immediate Communicative Echolalia
Repetition of words or phrases within an appropriate context; questions, for example, are often repeated as a whole in an affirmative sense

Often lacks appropriate response for purpose of affirmation

Mitigated Echolalia
Words or phrases are repeated in a somewhat altered form within a meaningful context

Beginning to breakdown with more meaningful parts

NONCOMMUNICATIVE
↓
CCMMUNICATIVE

Productive Language
Utterances are produced that have not specifically been taught; they are the product of application of rules and analogies. This demonstrates grammatical productivity.

AREA: Communication
LEVELS: PIJS
SOURCE: Behavioral Disorders, Vol. 4, No. 1, November, 1978

Teaching Language to the Severely Behaviorally Handicapped: A Review of Procedures

William Stainback and Susan Stainback

ABSTRACT

Severely behaviorally handicapped children are being placed in public school classrooms. As a result, teachers are in need of procedures for teaching these children. This article reviews procedures for teaching language to children who have been given labels such as seriously disturbed or psychotic.

Due to recent litigation and legal test there will be an influx of severely behaviorally handicapped children into public school education programs. Children who have been given labels such as seriously disturbed and/or psychotic will no longer be denied their right to a free public education.

One of the primary characteristics of many of these children is a severe delay in language development, and as a consequence the inability to communicate effectively. Unfortunately, without extensive training many of these children are unable to communicate their basic needs and feelings. They cannot express their pain, joys, and satisfactions or understand what others try to communicate to them.

The purpose of this article is to outline applied behavior analysis procedures for teaching language to severely behaviorally handicapped children. The steps are an integration of several components of teaching language that have been found to be effective by researchers and language specialists (*e.g.*, Lovaas, 1968; Bricker and Bricker, 1974; Risley and Wolf, 1969; Guess, Sailor, and Baer, 1974). While much of what is discussed is not new, there have been few attempts to integrate what is known from a behavioral framework about teaching language to severely behaviorally handicapped children into an organized procedural framework. Because there is likely to be an influx over the next several years of these children into public school programs, it is imperative that school personnel be aware of procedures for teaching language to them.

The procedures described in this article are primarily based on imitation and differential reinforcement. Graham (1976) pointed out that there is controversy surrounding this method.

The use of imitation, in particular, has received a great deal of criticism as being a departure from the way in which the normal child acquires language. This criticism has been generated in a long standing debate between linguists and psycholinguists on the one hand, and behaviorists on the other hand (Jakobovits and Morin, 1967). Behaviorists hold that the acquisition of language can be explained by principles of learning theory (Skinner, 1957), while statements in the psycholinguistic literature hold that processes such as imitation cannot possibly explain the emerging linguistic sophistication evidenced by the child as he becomes a language user (Brown and Bellugi, 1964; Ervin, 1964; Miller, 1967).

More recently, the view has been expressed that, while imitation may not be a necessary element in normal language acquisition, the techniques of imitation and dif-

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ferential reinforcement together can be very successfully applied in establishing some form of verbal behavior in the individual who has not acquired language in the normal manner (Bricker, 1972; Bricker and Bricker, 1974; Gray and Ryan, 1973), and that perhaps the inherent differences between a language acquisition model and a language intervention model should be acknowledged (Risley, Hart, and Doke, 1972; Ruder, 1972; Gray and Ryan, 1973) (pp. 390–391).

This argument, of course, stems from the issue surrounding developmental vs. remedial or non-developmental approaches to teaching language. The reader is referred to Guess, Sailor, and Baer (1977) for a review of this issue.

PROCEDURES FOR TEACHING LANGUAGE

Developing Motor Imitation Skills

Although the function of imitation as a part of the normal developmental sequence of language is a point of controversy (Chomsky, 1965), imitation has been found to be one of the most powerful training tools available for language intervention (Bricker and Bricker, 1974). In most behaviorally oriented language development programs, the importance of the imitation process as a prerequisite skill for teaching language to severely handicapped children is recognized. The question that most typically arises is whether to train motor imitation prior to verbal imitation or to begin directly with the verbal.

Programs for teaching language have utilized both methods effectively. Some programs begin with verbal imitation (Lovaas, 1968; Risley and Wolf, 1967; Raymores and McLean, 1972) while others begin with motor imitation (Baer, Peterson and Sherman, 1967; Bricker and Bricker, 1970; Kent, Klein, Falk, and Guenther, 1972; Hartung and Hartung, 1973).

In this article motor imitation is included as the first step in language training for the following reasons: First, many severely handicapped children have little if any imitative skills. When first trying to develop imitative skills, it is much easier to train motor imitation than verbal since physical guidance can be applied to begin motor imitation whereas the physical guidance of tongue and lips to culminate in the desired sound(s) is much more difficult (Bricker and Bricker, 1970). This physical guidance can be systematically faded to achieve the desired imitative response(s) (Guess, Sailor, and Baer, 1974).

Second, investigators (Baer, Peterson, and Sherman, 1967) working with severely handicapped children have noted that there appears to be, in this process, a development of an imitative skill which is generalized to other motor responses. Each successive attempt to produce imitation of a new response is more quickly acquired by the child. Once established, it appears that the imitative response involves a generalized imitative response (Gewirtz and Stingle, 1968). Although motor imitation does not appear to directly generalize to vocal imitation (Garcia, Baer, and Firestone, 1971), the imitation skills developed with motor movements can provide a strong base from which to develop verbal imitation.

The third reason for including motor imitation as a prerequisite step for verbal imitation is that it may provide a preventative measure for inaccurate articulation. When the speech error patterns of children were examined, the most common errors involved a change in the place of articulation (Bricker, 1967). These places of articulation involve visually observable changes in the placement of the articulators (Bricker and Bricker, 1974). Thus, if motor imitation of the articulators is paired with verbal imitation, fewer articulation errors may result.

Prior to the actual development of the imitative response, the child's current imitative repertoire should be assessed. This will provide an indication of where to begin to strengthen the imitative response. There are two criteria for imitation to occur: (a) the action of the child must be similar to and happen after the example is provided by the model, and (b) the child must differentially respond to the imitative stimulus (Metz, 1965).

One way to begin for a child with no apparent imitation skill is to provide verbal and

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visual prompts or cues for imitation and then physically guide the child through the action before reinforcing (Bricker and Bricker, 1970). For example say, "Amy, touch your nose": touch your (teacher) nose, physically move the child's hand to her nose, then reinforce. As the strength of the response increases gradually fade the physical prompt, shaping the behavior until it can be successfully performed by the child when given only verbal and visual cues.

Once a motor response can be consistently imitated by the child on command, begin training another imitative motor response. Initially only develop one response at a time until the child becomes proficient in imitative skills.

Simple gross motor movements should be trained first, gradually moving to more complex and finer motor movements (Bricker and Bricker, 1974). In order to enhance the subsequent transfer to vocal or verbal imitations the teaching of fine motor movements such as facial, lip, and tongue movements is important.

Teaching Receptive Language

Once motor imitation has been achieved, teaching comprehension generally begins to play a more formal role in the language training program (Bricker, Ruder, and Vincent, 1976; Kent, 1974). In regard to sequencing, functional use of objects appears to be a precursor to the comprehension of an object's name (Bricker and Bricker, 1974). At this stage, children are taught to use objects that will later be verbally introduced. For example, they are taught such things as to drink from a cup, push a toy truck, and open a door.

Once the use of an object is comprehended by the child, the next step in receptive skill training is the comprehension of the object's name or label. Although some programs advocate the training of comprehension of labels prior to the verbal imitation stage (Kent, 1974) other programs (Bricker, Ruder and Vincent, 1976) recommend that such training be done simultaneously with or immediately after verbal imitation training. In comprehension of labels, body parts, and common objects generally precede action words. Comprehension of single word elements should precede word combinations.

Comprehension of labels is taught by getting the child to imitate a model's motor response of pointing at the appropriate object when its label is stated by the teacher. The model is gradually faded until the child can point to the appropriate object when presented the verbal label.

In conclusion, it should be noted that teaching receptive language should be integrated throughout the process of teaching language. It is not a totally separate, one-shot procedure.

Developing Verbal Imitation Skills

Verbal imitation is the next step involved in the development of language skills. "Verbal imitation ranges from imitation of a single sound such as /a/ to the production of a sequence of several words" (Bricker, Ruder, and Vincent, 1976, p. 310). Verbal imitation is considered to be a necessary condition for the development of speech and is an important component in procedures designed to teach speech and language to non-vocal children (Guess, Sailor, and Baer, 1974).

Verbal imitation should begin when motor imitation is consistently carried out on command (Hartung and Hartung, 1973). Before the teacher attempts to teach imitation of words (e.g. ball) some imitation of sounds (e.g., "b") should be established since the imitation of sounds is easier than the imitation of words (Garcia, Baer, and Firestone, 1971).

As previously noted, the incorporation of fine motor facial, mouth and tongue movements into the motor imitation repertoire generally makes the transition to vocal imitation quite smooth (Sloane, Johnston, and Harris, 1968). Along with the focus on fine motor movements of the tongue and lips is the integration of vocal imitation. The idea is to generalize the imitation skills by chaining together the motor imitation with

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the vocal imitation until the motor imitation can be faded out and reliable vocal imitation results (Baer, Peterson, and Sherman, 1967).

If the child is totally non-verbal and it is difficult to get him to emit any sound(s), a technique that could be used involves shaping vocalizations by reinforcing lip movements that often result in a spontaneous moan (Sherman, 1965). If a spontaneous vocalization does not result, several techniques such as blowing activities or clearing throat paired with the lip movements can result in vocal sounds (Pronovost, Wakstein, and Wakstein, 1966). If vocal sounds are still not forthcoming, have the child imitate mouth movements and push in on his abdomen (Schell, Stark, and Giddan, 1967). Once a vocal sound is achieved it should be shaped into a desired vocalization. There are other ways. For instance, after the child finishes eating and burps, the teacher could reinforce this sound and gradually shape it into a meaningful speech sound. After a sound is elicited, it should be brought under stimulus control through verbal imitation procedures.

Shaping procedures for developing verbal imitation generally progress through the following steps (Hartung and Hartung, 1973):

1. Reinforcement applied for all vocalizations and visually fixating on teacher's mouth and/or eyes.
2. Reinforcement applied if vocalizations emitted within a specified time after the teacher's sound.
3. Reinforcement applied for being within a designated time interval after teacher makes sound and if the sound resembles the sound of the teacher.
4. Reinforcement applied for imitative vocalizations (child's sound closely matches teacher's sound).

In regard to what sounds or words should be taught, first begin with whatever is easiest and most useful to the child. Usually vowels are easier than consonants (Bricker, Rudder, and Vincent, 1976). If the child has any sounds he emits spontaneously, use these as a starting point to begin bringing vocalizations under stimulus control. Use sounds that production can be aided by the use of physical prompts. Also use sounds that have a distinct visual component that can aid the child in his imitation efforts (Lovaas, Berberich, Perloff, and Schaeffer, 1966). Once a basic repertoire of sounds is developed, use these sounds in the imitative production of words. For example, if the child has mastered the sounds of /a/, /b/, and /l/, the word "ball" could be used for imitation purposes.

Several investigators who have had experience working with non-verbal children have stated that after a child acquires the skill to imitate one word, there might be a considerable lapse of time before a second word can be imitated (Hartung and Hartung, 1973). This lapse could be up to two months or longer for some children, even when consistent training is provided (Hartung, 1970). However, once two to three words are imitatively established in a child's repertoire, there appears to be a general imitative response which develops and facilitates the future imitation of new words.

At this point in some children, ". . . a compulsive parroting of what they hear . . ." (Risley and Wolf, 1974, p. 151) begins to occur. The child does not communicate but does mimic what was said (usually both words and phrases) a moment earlier (echolalia) or mimics what has been said an hour or even several days or weeks earlier (delayed echolalia) (Premack and Premack, 1974). This phenomenon of echolalia has been repeatedly documented when training language skills in non-verbal children (Risley and Wolf, 1969, Hewett, 1965; Hartung, 1970) and adults (Isaacs, Thomas, and Goldiamond, 1960).

It is theorized that echolalia is the initial expression of a silent language repertoire that the non-verbal child acquires through his experiences with other individuals, but never uses. If this is so, it would account for the spontaneous imitation and good pronounciation of words that is usually characteristic in echolalia (Hartung and Hartung, 1970).

Although children who exhibit the echolalia response are in a sense imitating, the imitation response is sporadic and generally cannot be consistently evoked (Risley and

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Wolf, 1974). Since the echolalia response of a child is generally sporatic and inconsistent, before the child can move on to develop naming skills, the echolalic response must be shifted to imitative control. This can be done through systematic reinforcement so the responses occur more promptly and reliably.

Although a discussion of imitation training was presented above, it might be helpful to briefly review imitation training here as it relates to echolalia. Risley and Wolf (1974) provide a clear explanation of imitation training as it relates to echolalia:

> Imitation training involves reinforcing a response made by the child only when it immediately follows the same response made by the therapist. The child's response may already have existed in his echolalic repertoire or it may have been shaped into a high probability response. The therapist can shift the response to imitative control by reinforcing it when it occurs after the presentation of an identical modeled stimulus or *prompt*. In this manner larger units of previously randomly occuring behavior can be brought under imitative control. Once a child accurately imitates most words, phrases, and sentences, then any topography of verbal behavior (*i.e.*, any word, phrase, or sentence) can be produced when desired by presenting the child with the prompt to be imitated.
>
> Echolalia, then, is of significance to the therapist, for, since the echolalic child already has verbal responses, the arduous task of shaping them is unnecessary. Once the child's responses are brought under imitative control, so that, for example, he says "that's a cow" when the therapist has just said "that's a cow," the only remaining step is to shift the control of his responses to the appropriate stimuli, so that, for example, he says "that's a cow" to a picture of a cow. This shift to naming is made by fading out the imitative prompt in gradual steps. . . . In this manner the responses acquire their appropriate "meanings" (p. 151).

Caution should be taken in this process since with the increase of consistent and prompted imitative responding there is also often an increase in delayed echolalia (Risley and Wolf, 1974). Along with the imitative responses an additional response that the child might have heard an hour or even a day before may be added. For example, the teacher says "My name is Mary" and the child says "My name is Mary. Don't touch that, it will break and we will have to throw it away." Do not reinforce the child when delayed echolalia accompanies the immediate imitative response. The delayed echolalia must be extinguished prior to moving on to a higher skill.

In summary, if echolalia does appear in a child who is developing language, the process of establishing language skills is generally much easier since the echolalia eliminates the need to shape the initial production of each word. Once the echolalia is brought under imitative control you can move to the naming procedure.

Developing Non-imitative Verbalizations

For the purpose of this discussion the process of developing non-imitative verbalizations is divided into three basic levels: (a) the naming of pictures and objects, (b) answering questions, and (c) establishing requests and questions.

In all three of these levels the receptive and expressive skills of the child are developed. However, in the research reviewed here the sequence of development may vary. Although it is usually assumed that receptive training should precede expressive training, there is by no means agreement among researchers that this is necessarily true (Guess, Sailor, and Baer, 1977).

Naming. Naming "involves the emission of the appropriate response in the presence of some stimulus object" (Risley and Wolf, 1974, p. 162). To accomplish this, there is a shift of stimulus control from the verbal prompt (imitation) to appropriate objects and pictures (naming) (Hartung and Hartung, 1973). Teaching the naming of objects should be begun once imitation reliably occurs (Guess, Sailor, and Baer, 1974) and a short latency period between the prompt and the response develops (Risley and Wolf, 1974).

In the naming process, nouns generally are presented before verbs (Bricker, Ruder and Vincent, 1976) and in some programs there is an almost immediate move to prepositions and pronouns (Lovaas, 1968). Generally, one naming word is presented initially, and once this is consistently and correctly used, another new word is intro-

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duced. This sequence is followed until the child develops a repertoire of vocabulary words. Once several words are mastered by the child, the development of other new words are more quickly established (Risley and Wolf, 1974).

The procedure used in the transition from imitation to naming is relatively consistent in the behaviorally oriented language research. The steps noted here are the ones employed by Risley and Wolf (1974), however, they are very similar to the procedures used by others (*e.g.*, Lovaas, 1968; Sloane, Johnston, and Harris, 1968; Hartung, 1970).

1. Shift the attention of the child from the teacher to the object or picture to be named. If this cannot be done easily on command, one means of accomplishing this is to hold the reinforcer behind the picture or object. As the attention of the child more consistently focuses on the object or picture with reinforcement contingent upon it, the prompt (holding reinforcer behind the object) can be faded.

2. The teacher holds up an object and says, "What is this?" When the child attends to the object the teacher verbally prompts with the object's name. She then reinforces the child for imitating the verbal prompt.

3. After several trials, the teacher holds up the object and asks the question, "What is this?" The verbal prompt is delayed for several seconds in an effort to get the child to respond without the verbal prompt. If this does not occur, providing only a partial verbal prompt (usually the beginning sounds of the word) is attempted. The idea is to provide only as much prompt as is needed. Fading the prompt can be done in several ways: (a) by omitting parts of the sounds of the word, leaving off more and more as the child gains proficiency, (b) by giving the prompt in a quieter and quieter voice until the prompt is no longer necessary, and (c) providing a greater time lapse between the question and presentation of object and the verbal prompt.

4. If at any time during the procedure the child imitates the question, a time out procedure is programmed. This involves the object being withdrawn and the teacher looking away from the child. When the child is quiet for a few seconds, the teacher resumes the procedure.

Although, procedurally, most programs transfer from verbal imitation to naming objects and pictures in this way, some unique differences worthy of note tend to occur. An example is the Bricker approach (Bricker, Ruder, and Vincent, 1976) that focuses on comprehension of objects prior to naming them. Before the child is requested to name an object he is taught to point to and functionally use it, whereas in some programs such comprehension activities occur after the actual naming process (Guess, Sailor, Keogh, and Baer, 1976). Another example is the building in of broader concept formations during the naming development process. Lovaas (1968) has the child respond to various objects in a set with the same label such as using various kinds of balls or chairs as the stimulus is presented (*e.g.*, a small red chair, a large red chair, a small rocking chair).

As in other areas of the language development process, the transition from verbal imitation to non-imitation verbalizations involves basically a shift of stimulus control.

Answering questions. The process of answering questions is a natural outgrowth of the naming process. Teaching the naming of objects involves the presentation of a question, an object or picture and the fading of a verbal prompt (the teacher naming the object or picture). This is done to elicit a labeling response from the child. Basically, the answering of questions involves the same process as naming with the exception of the object or picture. In answering questions, a question is presented with a verbal prompt (the teacher providing the answer for imitation) which is gradually faded. There is a stimulus control shift from the verbal prompt to the verbal question in learning question answering.

Answering questions is typically begun after the transition from imitation to naming has occurred. The naming of an object or picture is considered learned only after the child can consistently label the object or picture on different occasions and in various situations with only intermittent reinforcement (Risley and Wolf, 1974). Once a repertoire of labels is established then answering of questions can begin.

There is a basic procedure for establishing question-answering behavior that is

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suggested in the literature (Hartung and Hartung, 1973). As indicated earlier, it incorporates many of the same steps that are employed when establishing the naming response. In this procedure the child imitates both the question and the answer. Gradually, more time elapses between the teacher's presentation of the question and the answer. Again, as in the naming procedure, the anticipatory gesture of the child may cause him to give the response (answer) before prompting (the teacher providing the answer for imitation). "Thus, by lengthening the interval between question and answer, the clinician is establishing proper stimulus control of new responses" (Hartung and Hartung, 1973, p. 83).

In other words, it is hoped by lengthening the time between the teacher's presentation of the question and answer, the child will say the answer before the teacher does. Sometimes, even after the child learns to say the answer without it being provided for imitation, he will continue to imitate the question. If the child continues to imitate the question, the question is said very quietly with the hope that he will not repeat (imitate) the question and will say the answer without it being provided for imitation. In short, gradually fade the question from imitation by saying it more quietly and quickly and emphasize the answer by inflection and loudness (Risley and Wolf, 1974). If this is not successful, the child's imitation of the question is extinguished by ignoring or punishing it and he is reinforced for saying the answer without it having to be provided for imitation. When ignoring or punishing the child's imitation of the question, it is essential to be extremely careful. You don't want to extinguish all imitative responses (the child's generalized imitative behavior).

This procedure is first used to establish simple one word answers to a question. For example, "What is your name? Bill." Once a repertoire of single word answers are established, the same procedure is subsequently used to establish a repertoire of answers to questions that involve phrases and sentences (Risley and Wolf, 1974; Hartung and Hartung, 1973).

In regard to the progression of the responses presented, programs tend to vary. An example of one comprehensive approach in regard to the development of phrases and sentences is that sequence recommended by Bricker, Ruder, and Vincent (1976). The initial development involves two word phrases commonly using the verb-object phrase (e.g., What did you do? Push truck). Once established the next step involves three word phrases frequently using the subject-verb-object grouping (e.g., Who ate the cookie? Mary ate cookie.). At this point the inclusion of modified nouns, including colors, shapes and sizes; adjectives and noun phrases; noun modification through the use of prepositions, verb modification; expansion using modified nouns and verbs; pronoun use; prepositions using interrogatives; and modification of prepositions using negation are presented and established consecutively (Bricker, Ruder, and Vincent, 1976).

In this sequence the basic establishment of phrases and sentences, when necessary, occurs through initial imitation with a shift to the stimulus control of a direct verbal question.

Establishing requests and questions. Once naming and answering is consistently established in the child's repertoire the establishment of requests and questions can begin. As in the previous two levels the establishment of requests and questions involves a stimulus control shift from imitation to the appropriate circumstance(s) (environmental stimulus or stimuli). The shift required to establish requests and questions, however, is more difficult for the child to discriminate since in "naming" the stimulus control was a particular object or picture plus a verbal question directed toward the child; in "answering a question" there was a specific verbal question directed toward the child while in "establishing requests or questions" the stimulus control shift involves moving from imitation to focusing on a condition in the environment that is not specifically directed at the child although it is, initially at least, brought to his attention.

The change required in establishing requests and questions, being somewhat a similar problem to the previous one (a shift of stimulus control), involves a similar procedure to accomplish the objective—establishing requests and questions in the child's repertoire. Initially the child must be taught to imitate the request or question

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until the child consistently responds to the verbal prompt (Risley and Wolf, 1974; Hartung and Hartung, 1973). At this point the stimulus control shift to the appropriate circumstance(s) should be done. Often once establishing of requests and questions is begun, the shift occurs without specific training (Risley and Wolf, 1974). Generally, this is due to the natural reinforcers that are paired with the emission of the phrases, sentences or questions. In essence the child may recognize the functional use of the verbalizations. For example, by emitting the verbalization (request or question) the child may gain control over the environment such as the response to "Cookie, please.," "Open the door.," and "May I swing?" When teaching requests and questions be sure to draw upon the vocabulary repertoire the child already has established for more efficient development.

If the spontaneous use of requests and questions does not occur, they should be shaped by gradually fading the prompt by giving only the first one or two words (*e.g.*, Open the . . . , I want . . .) (Risley and Wolf, 1974; Hartung and Hartung, 1973).

In regard to the establishment of request verbalizations, Sloane, Johnston, and Harris (1968) developed an approach found to be effective with severely retarded children. The children were taught to label food items (a strong reinforcer for the particular children they were working with). Following this the children were taught requests for these food items. Once requests for food items were established they were generalized to non-food items.

Developing Functional Speech

Functional speech involves the process of the child using an oral language system to manipulate conditions within the immediate environment. Once a child has a repertoire of requests or questions he can begin using his speech functionally. He can begin to recognize or, if necessary, be shown that his verbal responses can have an impact on his immediate environment (Hartung & Hartung, 1973). It is at this point that the natural reinforcers available in the environment begin to influence speech development (Schell, Stark, and Giddan, 1967; Risley and Wolf, 1974; Schiefelbusch, Ruder, and Bricker, 1976).

As in the other steps in language development the establishment of functional speech requires a stimulus control shift from the teacher directing the child's attention to various items or conditions in the environment to the child focusing on the circumstances in the environment independently in order to receive the natural reinforcers that are available. When this shift is made the child can begin using language that is spontaneous and situationally appropriate. The realization by the child of the power of language to manipulate the environment results in the consequent stimuli of language taking on reinforcing properties (Marshall and Hegrenes, 1972). Thus once functional speech is discovered by the child the motivational elements of language development no longer need to be constantly programmed by the teacher in contrived ways.

The development of functional speech in a child may occur spontaneously as a result of the child learning about the reinforcers operating in the environment during the phase of developing request and questions. With more severely/profoundly handicapped individuals, however, the process of developing functional speech will most likely require systematic programming before naturally occurring reinforcers take over to facilitate and maintain further speech development. The process typically used by language specialists (Hartung and Hartung, 1973; Risley and Wolf, 1974) is a shaping procedure using prompts and gradually fading the prompts.

1. The teacher provides a verbal model expressing a desire of the child. For example, the child may point to the water fountain to be lifted up in order to get a drink. The teacher may put his hands around the child's waist and say "Lift me up, please." If the child imitates the sentence the teacher lifts him for a drink. If the child does not imitate, the teacher should repeat the sentence to be imitated. (Generally, the child will imitate the teacher's words due to the reinforcement history for imitative responses evident in the prior language development steps.)

2. The verbal prompt is gradually faded by saying fewer and fewer of the words until only the physical prompt of the teacher is needed to evoke the phrase. The physical prompt is then faded. In the case of lifting the child to the water fountain the teacher may only need to put his or her hands on the child's waist (without providing the verbal prompt). The next step might be for the teacher to be only in close proximity to the water fountain. In this sequence, be sure to consider deprivation and satiation principles that influence the desire for the natural reinforcer so the motivational element is still operating.

3. The gradual fading in of the question "What do you want?" is done simultaneously with the second step, the fading of the verbal imitation and physical prompts. If the child imitates the question, present the question in a softer voice with a louder partial verbal prompt. This fading process should continue until the environmental elements, the water fountain and the question, results in the child emitting the request, "Lift me up, please."

In the procedure of developing functional speech the desires, likes and dislikes of the child should be considered in the selection of the activities or environmental conditions to be focused on. Hartung and Hartung (1973) found that teaching a child to reduce or eliminate a condition that annoyed him was effective in developing functional speech. In this case, a hand was placed on the head of a child who found this condition adversive. The child was taught to say "Stop it" to get the hand removed from his head. Schell, *et. al.* (1967) used different types of foods in which the child was required to say the foods he wanted or did not want to receive the type of food that was desirable to him.

The development of functional language in a child should be based on the particular language needs of the child being taught (Lloyd and Cox, 1972). The vocabulary that is useful for one child may be non-functional for another. The needs of a child in an institution in regard to the vocabulary that is relevant may not be functional for a child living with his family or in a group home. Differences in the types of relationships the child has with other people and objects in the environment will influence the functional language needs of each child (Graham, 1976).

Teaching Generalization

Generalization is the occurrence, extension or carry over of acquired behavior(s) into situations other than the training setting within the child's natural environment (Risley and Wolf, 1974; Schiefelbusch, Ruder, and Bricker, 1976; Guess, Sailor, Keogh, and Baer, 1976). The process involved in generalization is basically one of shifting stimulus control of a response from one stimulus to several different stimuli (McLean, 1970). The major purpose of this shift is to ". . . increase the use of a newly taught skill with persons different from the language trainer, and in environments different from the student's training area" (Guess, Sailor, Keogh, and Baer, 1976, p. 311).

Once the child develops some basic speech skills they will often spontaneously generalize outside of the training environment (Hartung and Hartung, 1973). Imitation often spontaneously generalizes since the act of speech frequently becomes a conditional reinforcer due to the systematic application of reinforcement whenever imitation occurs (pairing process) and can be maintained by intermittent social reinforcement (Baer, Peterson, and Sherman, 1967). Also, self-initiated or functional speech tends to spontaneously generalize because of the consequent natural reinforcers that operate in the environment (Hartung and Hartung, 1973).

In some cases, however, generalization does not spontaneously occur and thus it needs to be built into the child's behavioral repertoire systematically. The following are some techniques and considerations that can be used to enhance the generalization of speech:

1. Use words relevant to the child's daily life in various settings and situations (Hartung and Hartung, 1973). By using words that symbolize items and activities that

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are generic to various settings, experiences, and individuals, generalization is more likely to occur since the opportunity to use the words in different situations is available.

2. The child's education should always occur in as normal or natural an environment as possible. This will eliminate the need to generalize skills learned in an unnatural environment to a more natural environment.

3. If it is necessary to separate the child from the on-going classroom activities for short individual training sessions (to eliminate distractions, for instance), gradually introduce other individuals into the training situation (Risley and Wolf, 1973; Strait, 1968). The transition of speaking only to the teacher to speaking to other individuals is more easily accomplished if others are brought into the training setting since the only variable that will have changed for the child is the increase of people. Of course, a change in all variables should eventually occur including having the child use his new skills in many different settings and with many different people.

4. Train parents, parent surogates, or other individuals who have daily contact with the child to use therapeutic procedures (Risley and Wolf, 1974; Schiefelbusch, Ruder and Bricker, 1976). Train them to respond selectively (reinforce appropriate speech based on the child's current and emerging speech repertoire) in order to get the maximal practice and transfer of the speech that is being developed in the training situation. In this way, the effects of the language development program can be integrated with the ongoing events of the natural environment (Schiefelbusch, Ruder, and Bricker, 1976).

5. Use social reinforcers, which may initially be paired with the more tangible reinforcers in the training setting, so a smooth transfer can more easily occur to various settings (Hartung and Hartung, 1973). Social reinforcement can be easily used by many individuals in various settings.

6. After a language training session, use the words being worked on during the session in different situations (Risley and Wolf, 1974). Once the language session is over when you are walking down the hall with the child, going out on the playground, returning with the child to the classroom, or just beginning another activity, talk with the child while he and you both use the new word(s) or language skill(s) so the child learns that appropriate language use is not only supposed to occur during the training session, but pervades all aspects of the natural environment. In short, be sure that language usage by the child is reinforced in a wide variety of settings (Hartung and Hartung, 1973).

7. If possible, periodically conduct the language training session in the child's home (Risley and Wolf, 1974). By focusing the language training session in the child's natural environment, the transition to using language in the natural environment outside of the formal language session is easier. The child need only generalize the circumstances for emitting language rather than having to generalize the circumstances and the location both.

8. Introduce more individuals into the language development process outside of the training setting by distributing a current list of the child's language repertoire to individuals who frequently interact with the child (Tramontana and Stimbert, 1970). In this way a variety of individuals can use, prompt, and reinforce the language repertoire of the child in a variety of situations thus promoting generalization of the child's language repertoire.

9. In addition to prompting generalization of the language skills across individuals and settings, also build in opportunities to use the language symbols and skills in a variety of functions and experiences (Schiefelbusch, Ruder, and Bricker, 1976). Using different items in a class of objects as well as using items in various activities promotes more extensive transfer of words into wider usage for communication.

Generalization of language does not necessarily occur only after functional speech is achieved. Generalizations should be programmed into the language development sequence as the different skills are established (Bricker, Ruder, and Vincent, 1976; Guess, Sailor, Keogh, and Baer, 1976; Schiefelbusch, Ruder, and Bricker, 1976). By building in generalization at the early stages transfer of more complex skills can occur more easily as a result of the child's earlier experiences with generalization. In

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other words, early generalization experiences increase the probability of more spontaneous transfer of new skills as the child's repertoire of language increases. As the child learns to gain some control over his environment through functional speech, he can also gain through generalization an expansion of his functional speech to different people and settings thus gaining more control over his immediate environment (Guess, Sailor, and Baer, 1974). In short, through the development of generalization skills there often results an increase in the use of language by the child as well as transfer of skills to various individuals, settings, activities, functions, and experiences.

SUMMARY

Not too long ago, many educators and psychologists rationalized that the language problems of the severely handicapped were beyond help. It has only been within the past several decades that serious attention has been given to developing intervention strategies to enhance the language development of such children. Fortunately, research (*e.g.*, Guess and Baer, 1973) has demonstrated that many of these interventions can successfully change the language behaviors of these children. Children who could not communicate in the past are now being helped to learn speech and language systems that can be used to communicate effectively with teachers, parents, classmates, and friends. There is new optimism among people who come into daily contact with children labeled as being severely behaviorally handicapped.

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AREA: Communication
LEVELS: PIJS
SOURCE: Journal of Learning Disabilities, Vol. 7, No. 1, Jan., 1974.

On Talking to Severely Neurologically Handicapped Children

Amy L. Lettick

Neurologically impaired children require consciously and thoughtfully tailored speech on the part of those conversing with them. Awareness of the need for "stripped-down" speech, consistent use of terms, allowance for time lag between reception and response, etc. can improve chances of success in communication between the child and those dealing with him.

In addressing severely handicapped, neurologically impaired children, we teachers may not be aware of using words and tones in which we have been addressed all our lives. We may not realize that there must be a more specialized manner of talking to these children because they are handicapped in ways that we are not. I would like to suggest here some specific ways to make communication easier, pleasanter, and more productive.

The first thing to remember is the importance of courtesy in conversation; all people deserve respect and courtesy regardless of how handicapped or inefficient they may be. You've probably heard someone snarl, "Get over here!" and then you can almost hear the unuttered part: "You dope! you monster!" The tone of voice makes it as obvious as if it were spoken aloud. Nobody should be addressed like that; you wouldn't want to be. Never use derogatory terms. If the child doesn't understand exactly what you are saying, he can still understand an unfriendly tone of voice. It also makes an impression on other children who *can* understand, and indicates on your part a lack of compassion and understanding of a child and raises a question as to your suitability for your position as educator.

Be economical with your words. Don't drown these children in talk. It's not "Come and sit down over here near me, Ann dear," it's just "Sit down." These children have difficulty in absorbing messages. The more concise we are the better. Maybe you can remember when you were first learning a foreign language. The only way you could understand was to latch on to certain key words the other person spoke. If you couldn't pick out the clue words you were lost. So, with these children, by dispensing with "Please," "Thank you," etc., you are not being impolite; rather, you are saying politely, the bare bones of what you have to say.

Don't preface a command with "Would you like to?" Just give the command. Thus you eliminate the invitation for a negative answer or the possibility of no answer or response at all from a child who is unable to make a choice.

Allow always for a receptive lag. Remember that the child may not process what you say as rapidly as you speak, so you must pause and give him time to absorb what you are saying. Say what you have to say once. Wait about seven seconds. Then repeat the same words. The child may be still trying to process your first message and if you add a second one he will be confused. Maybe the first time he caught the first couple of words, and now he will latch on to the second couple of words. If he doesn't get it by the time you count to seven after you have repeated the sentence, and if he is looking at you with all indications that he is trying to understand, then you help him to do whatever you've asked him to do and repeat the message again. What you are doing now is teaching him what you are saying.

As these severely neurologically impaired children develop they may be able to reach the point where you can add "please" and "thank you" or understanding sentences with qualifying clauses, etc. Then, of course, you expect to use and receive back words of courtesy and to have more complicated responses and more complicated communication.

Make sure that you have eye contact before you talk. It should be eye contact with you if it's something you are saying to him, or eye contact with the particular object upon which

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he is supposed to be concentrating. If he's not *looking* you are not likely to get a relevant, meaningful response from him. Your eyes have to be on his eyes most of the time.

When you give directions, couch them in a positive fashion rather than in a negative. It's much better to say "Do this" than to say "Don't do that." When you say "Don't" you're telling him what not to do, but you're not giving him any alternative action to take. Tell him "Sit down" rather than "Don't run around."

If ever there is an emergency, take for granted that these children are deaf, dumb, and blind. You must *act* immediately; you don't talk. If there is danger, grab the child as fast as you can. Never take for granted that these children will understand directions in an emergency; you have to take action for them. There are some impaired children who might respond to emergency orders, but in any emergency even those that we think can understand might panic, so you always act first. Talk later if you want to, or while you're acting, but never assume that a child will respond to your speech alone if danger exists.

Always address the child in the same way. Don't call him Jim one day, Jimmie another day, Honey another day and James another day. He has to learn that one thing is his name and he has to identify with that name.

Be aware of the child's best modality for receiving information. If a certain child understands better through his ears, talk to him if you want to teach him something. If he understands better through his eyes, show him. If he understands better through doing, put him through the movements. At other times you can work with him on improving the other modalities, but when your goal is to impart some kind of information, be sure you know which way is the easiest way for that child to absorb information, so that he is not using all of his energy just trying to get the message but can actually get the message and do something about it.

Keep your voice pleasant and firm. No need for roller coaster modulation, or shrieks of pure delight. With these children, "Good" spoken in a quiet, warm tone is far better. Too colorful a tone is likely to stimulate the child to excitement.

Keep your volume low. With most children a quiet voice will evoke a quiet voice in return. Have you ever watched normal children outside? They yell at one another as they play together. It isn't that they can't hear, but one talks a little louder than the other and then another talks still a little louder and soon the whole conversation is held in yells. It is the same with these children. A loud tone of voice from you will get a loud tone of voice back, but that does not make for better communication. Sometimes, when you have to reprimand a child, doing it in a very quiet voice, almost a whisper, but eyeball to eyeball, is a lot more effective than yelling at him. I think you can just as effectively show displeasure or just as effectively be stern by being quiet. Then at least there is only one person out of control – the child – not two people, you and the child.

Finally, don't speak fast to the child. If you want him to do something and you want him to do it fast, it is not going to make him *do* it faster if you *say* it faster. On the contrary, it may take him longer to figure out what you are saying. One way you can try to increase a child's reaction speed is to say slowly, "When I say 'Go' you________(insert what ever activity you are requesting). Ready? Go!" Say "Go!" very sharply. The startle effect can sometimes cause the child to jump into action. However, it is essential that the child first have the desired action firmly in his mind so that the word "Go" is the trigger for the action. Repeat this routine, if necessary, until the child understands that the word "Go" is the general trigger word for all action. "Now" can sometimes be a substitute for "Go."

To conclude, remember that no matter what these children do that is irritating, that is foolish, they can't help being what they are. Surely they would like very much not to be what they are if they could think about it at all. If you find your compassion wearing thin sometimes, ask yourself, "How would I like to wake up tomorrow and be this child, with all his problems, for the rest of my life?" Your own response to that crushing question should restore the fund of good will and respect for handicapped children that drew you to this kind of work in the first place. – *Benhaven, 9 St. Ronan Terrace, New Haven, Conn. 06511.*

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AREA: COMMUNICATION
LEVELS: PIJS
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1

RESTRUCTURING VERBAL INPUT

When a child cannot respond fully or correctly to a verbal task, it is necessary to restructure it. The teacher must be prepared to restructure a task if the child does not master it in the way she tries to teach it.

Some ways of restructuring are:

A. Rearrange the stimulus: With this restructuring strategy, a visual stimulus is rearranged or an auditory stimulus is rephrased. For example, if a child could not recall the auditory stimulus, "Children, stand up and come over here to get your scissors, two sheets of paper, and glue, then go back to your seats and we'll work on our Halloween laterns", then it could be rephrased, "Get 3 things - scissors, paper, glue and sit down."

B. Give additional cues in the same channel: With this restructuring strategy, more auditory cues are added to an auditory task. For example, if a child with a wordfinding problem has difficulty with recall of a word, the teacher might supply the first sound or syllables of the word and trigger the complete response in the child.

Example: te ____________________
te ____________________television

Another example: If a child cannot formulate a complete sentence, the teacher can say the first part of the sentence and let the child complete the sentence.

Example: What is she doing? No response
What is she doing? She is washing _________. Child responds: washing dishes.

C. Give additional cues in different channel: With this restructuring strategy, visual or kinesthetic (gestures) are added to an auditory task. In the example under A, the teacher might use gestures to indicate to the children where to come for supplies and what to do after. Gestures can also be used to trigger words, such as, the policeman said Stop. (Gesture with hand-palm open).

D. Lead the child to discover the correct response: The teacher asks more specific questions which lead the child to discover the correct response.

For example:

Q.	Tell me about this picture?	Ans.	No response
Q.	What's she doing?	Ans.	Fixing the table.
Q.	What is she putting on the table?	Ans.	Plates and uh plates and uh napkins, fork, spoon, knife.
Q.	What's she doing? Tell me about this picture.	Ans.	She's putting napkins, plates and uh dishes and all of that stuff on the table.

E. Use a cue at a lower difficulty level: With this restructuring strategy a recognition task could be used if a child could not master a recall task. If a child with a wordfinding problem cannot recall the name of a letter sound, the teacher would ask, "Is it "b" or "d", if the child cannot think of a word, the teacher would ask, is it a "braid" or "lace"?

If a child cannot answer a certain wh question form, then a "wh" question at an easier level might be substituted.

For example:

Q.	Why did the man stop the car?	Ans.	(inappropriate) Cuz he put on the brakes.
Q.	Who did the driver see?	Ans.	The Policeman.
Q.	What did the policeman do? He put up the sign that said _______________ (gesture picture cue)	Ans.	Stop
Q.	Why did the may stop the car?	Ans.	Because the policeman said STOP.

Summary - Strategies

1. Rephrase what you say or what you ask.
2. Ask more specific questions.
3. Ask easier question forms.
4. Use sentence completion.
5. Give an either or choice (recognition)
6. Give first sound or first part of word.
7. Give correct response and have child imitate you.

AREA: Communication
LEVELS: PIJS
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1

Wh Questions

Autistic children often have difficulty with questions. Wh questions are ordered according to increasing difficulty below. This sequence serves as an aid for planning language intervention and serves as a restructuring tool during instruction. If a child cannot answer a wh question form, dropping back to a question at a lower difficulty level is necessary and helpful. See "Restructuring Verbal Input" Section E for an example.

DEVELOPMENTAL SEQUENCE

EASY
MORE DIFFICULT ↓

Question Form	Concept Represented	Structure of Response
1. what + be	identity	noun
2. what + do	action	verb
3. where	space	adverb, preposition, phrase
4. what kind (color, shape size)	classification	adj. to description
5. who	people	noun-pronoun
6. whose	possessive	possessive
7. which	selection multiple choice	
8. when	time	adverb, preposition, phrase tenses
9. how	manner-method	adverb, adjective
a. many-few	number	
b. much-little	quantity	
c. often-soon	time	
d. far-near	distance	
e. long-short	linear measure or time	
f. heavy-light	weight	
g. big-small	size	
10. what happened	cause-effect	
11. why	cause-effect	because phrases

* Developmental sequence derived from the work of:

Belleugi, U. The development of interrogative structures in children's speech. In K.F. Fiegel (Ed.) The Development of Language Functions. Report #8, Center for Human Growth and Development, Univ. Michigan (1945).

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AREA: Communication
LEVELS: PIJS
SOURCE: Teaching Makes a Difference

BEGINNING LANGUAGE

In order to help you select appropriate first teaching tools, the following table lists a sample of single words that seem easily used in a functional manner.

EXAMPLES OF SINGLE WORD UTTERANCES THAT MAY BE USEFUL AS FIRST TEACHING OBJECTIVES

FOOD

- Lunch
- Cookie
- Juice
- Ice Cream
- Candy
- Milk
- Etc.
- Eat
- Drink

CLOTHING

- Pants
- Shirt
- Sweater
- Coat
- Shoes
- Pajamas
- Etc.
- Put on
- Take off

PLAYTIME

- Ball
- Truck
- Car
- Doll
- Bike
- Blocks
- Book
- Etc.
- Ride
- Jump

PEOPLE/SOCIALIZATION

- Own Name
- Mommy
- Daddy
- Jimmy
- Debby
- Etc.
- Hug
- Sit
- Hi
- Thanks
- Help

THINGS AROUND HOME

- TV
- Bed
- Table
- Chair
- Toilet (potty)
- Cup
- Door
- Home
- Sit
- Look
- Sleep
- In
- Out
- Up

BODY PARTS

- Nose
- Face
- Eye
- Ear
- Tummy
- Arms
- Etc.

MOVEMENT

- Walk
- Go
- Come
- Etc.

REQUESTING

- Give me
- Want
- more

These words (often referred to as "MANDS") can be used in a direct, INTERROGATIVE sense. You can use them to ask a child about her desires or needs. The child can use them to tell you what she wants, to ask you for a particular item or for access to a particular activity. The listed words only serve as examples of words that may be selected. Obviously, decisions about which words to select are dependent upon a careful analysis of the child, her needs, and the characteristics of her particular environment. In order to select relevant words, it may be helpful to identify the activities the child is most likely to engage in. These activities can then be made contingent upon the child's expressing her wants through speaking, signing or whatever. In this manner, you are directly teaching communicative intent.

Do not waste time perfecting articulation, or in putting elaborate sentences together. It is the experience of communication that is essential in working with autistic children. The response form that you select should be as uncomplicated as possible. Simple, single words or word approximations (such as those given above) will often suffice. Function, not structure, should be your concern in early language training.

AREA: Communication
LEVELS: PIJS
SOURCE: Joy Roddy

FREQUENTLY USED SIGNS

These signs are written for right-handed people. If you are a lefty, the general rule is: the dominant hand is the one that moves, when the sign involves both hands.

Food

Apple: Make a fist, raise knuckle of index finger, twist knuckle into right cheek with a forward movement (left cheek if you're a lefty).

Banana: Left hand is palm-in. Make a fist and raise index finger (that's your banana). Now the right thumb and index "peel" the banana: with other fingers down, move right thumb and index from top to bottom of left index three times, with the syllables of the word: ba-na-na.

Candy: Right hand is palm-in. Make a "U". Gently brush the right cheek twice with your fingertips (can-dy).

Cereal: Left hand is palm-up, fingers together, cupped slightly (that's your bowl). Right hand makes a "C" and scoops from the bowl to the mouth.

Cheese: Left hand palm-up, fingers slightly curved. Right hand palm-down fingers slightly curved. Place hands heel-to-heel (fingertips point in opposite directions) and twist slightly back and forth, as if mashing the cheese between heels of hands.

Chip: Make an "A". Turn right hand palm-left. Thumb gently brushes out from the bottom of your two front teeth.

Cookie: Left hand is flat, palm-up. Right hand makes a "C" and hits left palm once with thumb and fingertips, then twists slightly to the right and hits again (coo-kie).

Cracker: Left fist, palm-in, moves to shoulder, thereby extending the left elbow slightly. Right hand is open and palm-up. It hits the bottom of the left elbow twice (crac-ker).

Popcorn: Right hand is fist, palm-in. Left hand makes a "C", turns palm-right, fingers forward, and covers right fist. Now right index finger flicks open twice (pop-corn).

Raisin: Left hand is fist, palm-down. Right hand makes an "R". The "R" taps twice on back of left hand (rai-sin).

Sandwich: Right "B", palm-left, fingers forward, is "sandwiched" between thumb and fingers of left hand (thumb and fingers point upward, and represent the two pieces of bread). Hands move upward, bringing right fingertips to the mouth.

Drinks

Juice: Just like the letter "J".

Milk: Right hand is loosely closed, palm-left, knuckles forward, squeeze and move down slightly twice (as if milking a cow with one hand).

Pop: Left hand is a fist, palm-right, knuckles forward. Right hand is open and smack down on top of left fist.

Water: Right hand makes a "W" and turns palm-left. Index finger taps twice at right corner of mouth.

Toys

Ball: "Claw" hands form ball shape: all fingertips touching, fingers spread apart.

Balloon: Right hand "S", palm-left, is at mouth, with left "S", palm-right right behind it (think of blowing through both fists). Hand open into ball shape.

Blanket: Both hands form "Bs", palms-in, fingertips point at each other, but not touching. Move hands upward from stomach to neck, (as if you're covering yourself up).

Bubble: Right thumb and fingertips touching, palm-left, moves up and "breaks" (the bubble popping) as hand opens wide, finger apart, followed by the same on the left hand. Right hand "pops" on "bub", left hand "pops" on "bles". Get It?!

Car: Two hands hold an imaginary steering wheel, and move up and down slightly, as if driving.

Guitar: Right hand forms "G" and strums on or near stomach. Left hand is extended to the left, and holds the imaginary handle of the guitar.

Horse: Place right thumb on upper right side of head (where the horses' ear would be). Extend middle and index finger (like the letter "U") and move slightly twice.

Jack-in-the-box: Left "C", palm-right, fingers forward, covers right fist. Right fist moves up (pops out of the box) with baby finger extended.

Lotion: Right hand makes an "L". Left hand is a fist, palm-down. Index finger of the "L" gently makes a circle on back of left hand (like rubbing in the lotion).

Puppet: Keeping fingers straight, close so that index touches thumb, open close again, so you touch twice: pup-pet.

Clothing

Boots: Both hands form "Bs", point fingertips downward toward feet (palms-in), and bring inside edges of hands together.

Glasses: Index and thumbs of both hands "draw" the glasses on the eyes: index starts at the eyebrow, thumb starts at the cheekbone, bring them together twice (other fingers are closed).

Hat: Open hand reaches up and lightly touches top of head.

Jacket: Both hands palm-in, make "Is". Bring baby fingers down front of body, and curve outward just before the waist.

Mittens: Left hand palm-in, thumb apart, right hand makes an "M" and draws outline of the mitten over the left hand.

Pants: Both hands form "Ps". Touch middle fingers to legs just above the knees, and move them up the legs about six inches. (The children may use open hands rather than "Ps" for now.)

Shirt: Both hands form "Ss", palms-out, and move down front of body from top of chest to waist.

Shoe: Both hands form "Ss", palms-down, fists together. Extend index fingers, pointing slightly downward, and rub fingers back and forth against each other.

Sock: Both hands form "Ss", palms-down, fists together. Extend index fingers, pointing slightly downward, and rub fingers back and forth against each other.

Actions

Bounce: (The children use this to indicate being bounced on someone's knee.) Right hand open, palm-down, moves up and down a few times.

Go: Two fists, palm-down, slightly apart. Extend both index fingers and move hands slightly forward.

Hug: "Hug yourself" by placing right hand on left shoulder and left hand on right shoulder.

Jump: Left hand open, palm-up (that's your floor). Right hand is closed with index and middle fingers pointing downward and slightly apart (those are your legs). Touch fingertips to left palm, then bend and lift up, simulating a jumping motion.

Kiss: With fingertips and thumb together, gently touch the right side of the cheek (not close to the mouth, because that's the sign for "eat").

Move: Both hands palm-down, fingertips and thumb together, hands slightly apart. (Imagine you're hanging on to something.) Move hands slightly to the right, or in the direction you want something moved.

Ride: (As is "horsey-back" ride on an adult) Right "R" taps right shoulder.

Run: Both hands palm-down. Make "Ls" with thumbtips touching. Move hands forward with index fingers flicking up and down rapidly.

Tickle: Arms extended slightly, palms-out. Wiggle all ten fingers, as if tickling.

Walk: "Walk" palms forward on an imaginary floor (both hands are palms-down and move forward alternately).

Sign: Left hand is palm-right, right hand is palm-left. Place hands in front of the chest. Make fists, and raise index fingers. Hands move around each other in forward, circular motion.

Talk: Index fingers move alternately to and from corners of mouth.

Up: (In the classroom this sign is used in reference to being lifted up on the teacher's feet while she lies on the floor, places feet in child's tummy, holds his hands, and lifts.) Raise both arms straight up above head, as if trying to touch ceiling with palms.

Up: (As used in everyday language, such as "stand up".) Right hand is open, palm-up, and moves up slightly.

Down: Right hand open, palm-down, moves down slightly.

Pronouns

I: Make "i" with right hand, and bring hand to chest so that index and thumb of fist touch chest.

Me: Point to self with index.

You: Point to other with index.

My: Bring open palm to own chest.

Your: Bring open palm to other's chest.

Animals

Bird: Right thumb and index extend from side of mouth like a beak. Open and close twice.

Cat: Right hand makes a "C", palm-left, in front of mouth. Move hand to the side, and slightly up, bringing fingers and thumb together (like drawing the whisker).

Dog: Slap thigh once with open hand (just like calling a dog).

Fish: Right hand is palm-left, fingertips point straight ahead. Wiggle hand and move it forward (like a fish swimming through water).

Miscellaneous

Toilet: Right hand makes "T" and shakes twice: toi-let.

Hello: With open hand, fingertips touch top of your head and move to the head of the person being greeted.

Help: Place right hand, palm-up, on top of left hand, palm-up, and left.

Want: Hands extended forward, palms-up, fingers apart and slightly bent. Bring fintertips in to touch chest.

Good: Right hand, palm-in, fingers on chin, drops to open left palm. (Back of right hand rests on left palm.)

Hurt: Two fists, palms-in, index fingers extended, and pointing toward each other. Touch ends of fingers together twice. (Be sure to place this sign near the child's hurt, or yours.)

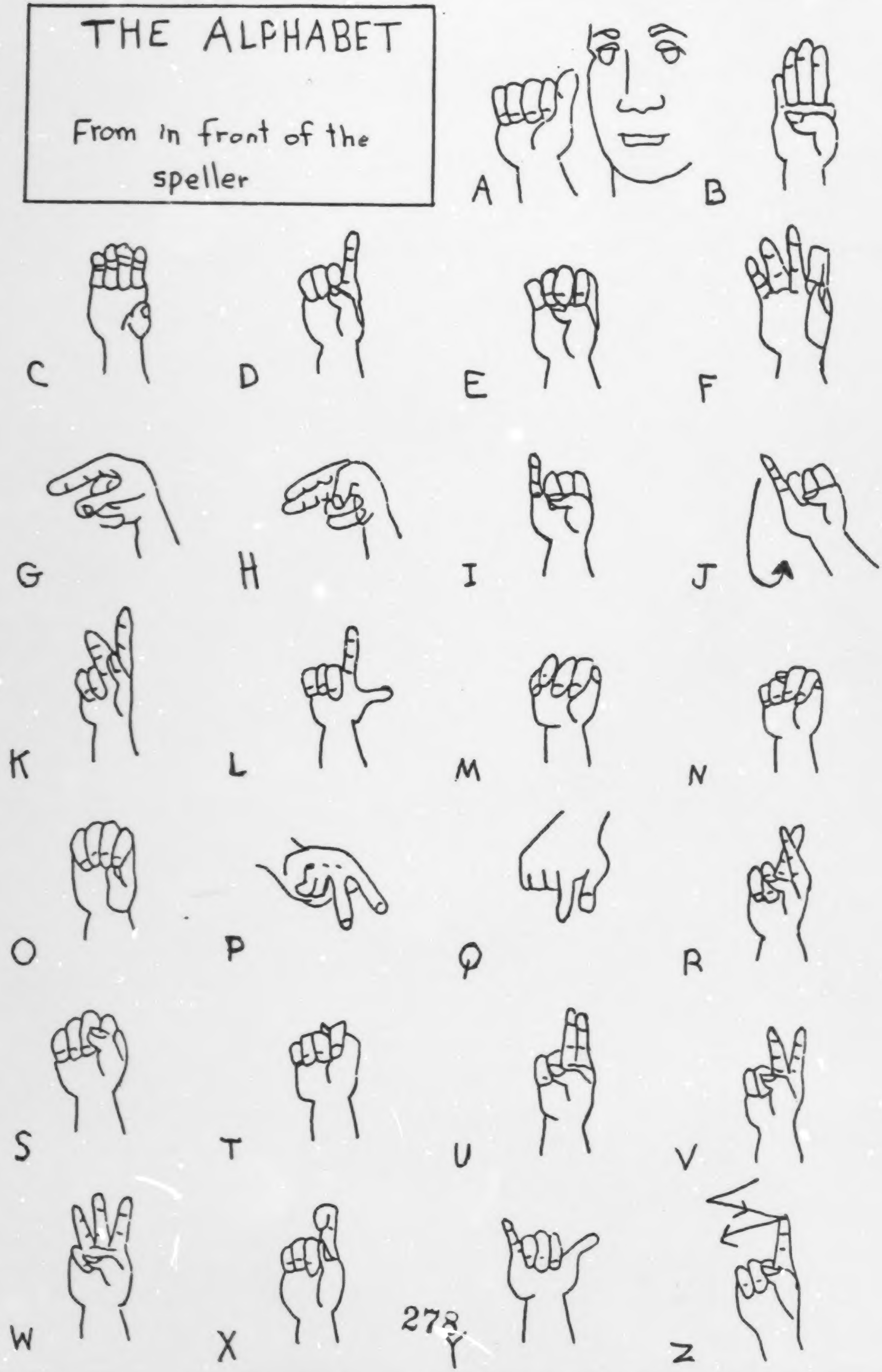
Sick: Both hands open, palms-in. Right middle finger touches forehead while left middle finger touches stomach. Also make a sick looking face to dramatize what you're signing.

Medicine: Right hand is open, palm-down. Right middle finger makes a circle on open left palm, which is facing up and slightly cupped (as if you're "mashing" the medicine in a bowl).

Cup: Left palm-up, right "C" is palm-left, finger forward (as if holding a cup). Place the "C" down on left palm.

THE ALPHABET

From in front of the speller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AREA: Com[illegible]ication
LEVELS: PIJS
SOURCE: Jean Madsen Beisler, Iowa City Child Psychiatry Service

COMMUNICATION PROGRAMMING

	1. Deficit-Nonverbal Use Content Structure	2. Pre-Requisites	3. - Condition	4. + Condition	5. Teaching Contexts	6. Materials	7. Strategies Hierarchy	8. Reinforcement
Evaluate	X	X	X	X		X	X	
Plan	X	X	X	X	X	X	X	X
Remediate	X	X	X		X	X	X	X
Re-evaluate	X		X	X		X	X	

(See Following Example)

EXAMPLE

Action - Object (Content)

Evaluation 1. Deficit:

- a. does not use in response to question "What is N doing?"
- b. does not use in spontaneous conversation

2. Pre-Requisites:

- a. + shows appropriate play sequence
- b. + manipulates according to direction
- c. + imitates two word phrases, two syllable word
- d. + uses one word utterances in spontaneous conversation

3. - Conditions: all except those under + Conditions

4. + Conditions:

- a. imitates action-object in 1-1 session that is highly controlled
- b. uses "action" or "object" in spontaneous conversation

6. Materials:

- a. + enjoys car, ball, food, juice, pop
- b. - does not interact with top, animals

7. Strategies:

- a. - does not respond to question
- b. imitates last word of question
- c. - does not respond to model and question
- d. + responds to direct imitation

Plan 1. Child will respond to the question, "What is Noun doing?"

2. Demonstrates necessary prerequisites

3. a. 1-1 session at school

- b. free play at home, school

4. a. use imitation as first step

b. reinforce one-word utterances in other settings

5. a. 1-1 with clinician, teacher, home

b. free play by self (adult participant)

6. a. real objects: car, ball, cookie pretzel, cereal, juice, pop

b. target structures: eat _____, drink _____, push _____, throw _____

7. a. question + model

model + question + prompt

model + question → "action"

model + question + response + question

question + prompt

b. model

question + model

model + question + prompt

model + question → "action + object"

model + question + response + question

question + prompt

question

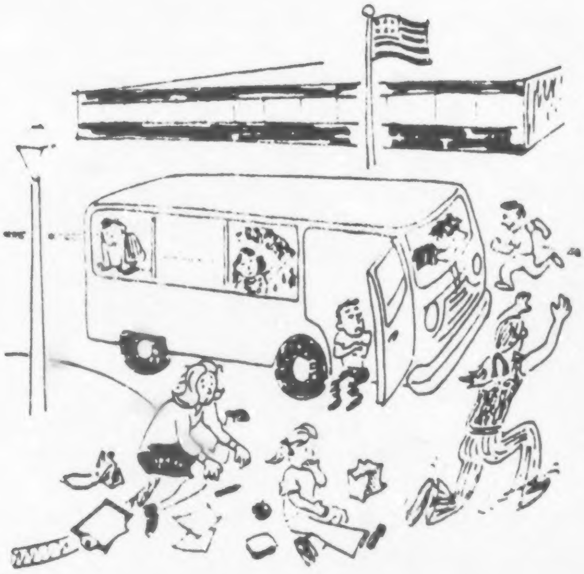
8. a. manipulate toys/food/drink

b. expanding and commenting on child's utterances

Remediate: Follow plan and track behaviors

Re-evaluate: Determine success. Modify if necessary. If successful, extend to new objects, actions in more contexts (recess, field trips, etc.).

AREA: PROGRAMMING
LEVELS: PIJS
SOURCE: Teaching Makes a Difference



HOW TO SURVIVE THOSE FIRST AWESOME DAYS

So, you are going to be the teacher of an autistic class. Congratulations! Now what are you going to do? The thought of being responsible for six wild-eyed autistic children is enough to send even the most qualified teacher back to the literature in preparation for the first few weeks. There will be instances where a new teacher of an autistic class has had little or no exposure to a truly autistic child, and in such cases, the preparation panic will only be intensified. One's college notes or textbooks might read, "The autistic child is in a world of his own." But to read about autism and to experience the autistic child involves two very different levels of knowledge.

Preparation for that first week might include planning curriculum, organizing materials, arranging classroom, developing a daily schedule, having a few nightmares, and a good deal of praying. By the time the first morning arrives, all you can really remember of your planning is that milk money goes in the blue envelope, and "potty time" is at 10:30 a.m. But the buses are waiting, and with one last hurried check of goals, objectives, and activities you nonchalantly stroll to the unloading zone--not unlike the Christian with his head held high meeting the lions.

There they are: the children. You meet them at the bus hoping for some recognition of your existence. Unfortunately, several run right by you and immediately start tantrumming, while another child refuses to leave the bus. (This upsets the bus driver.)

As you attempt to have the children line up, a small voice in the back of your mind tells you that the last few days of preparation were of little value. Johnny is kicking the fence, Lisa is already eating her lunch on the swing, Jimmy is pushing the big wheel into the street, and Rickey is still refusing to leave the bus. (The bus driver is getting more and more upset.)

The rest of the morning is menacingly reminiscent of the first fifteen minutes. Once in the building, the only advantage is that the doors can be closed, thus limiting the amount of available running room. The classroom, however, lends itself to numerous kinds of disruptive or destructive behavior, and you find yourself shuttling from the record player to the coat closet trying to maintain order.

All your finely laid curriculum plans are left behind on the bus with the battered driver, and the classroom struggle becomes "survival of the fittest, or fastest." It is a good thing that autistic children are not characteristically giant in stature; the prospect of survival would, needless to say, be seriously impaired. But they are children - very special children - and they can learn under the right conditions.

The question of student/teacher ratio becomes an important issue for suvival. Control can generally be maintained with one teacher or aide working with two children since the teacher has two arms. With this arrangement, one teacher and aide can account for four children. But what about the others who are destroying the room? To alleviate this problem and develop the learning situation on the first day, one alternative is to attempt a group situation with the aide helping out where needed. One finds, however, that autistic children are very independent and Group Time becomes an exercise in jumping up and sitting down.

With academics left behind in confusion, you look forward with anticipation to rest period and lunch. Unfortunately, this anticipation is not shared by the children. The child who previously would do nothing but sit on the floor is now interested in every facet of the room, and would journey to the far corners of the school if it were not for the closed door. The other five children quickly get into their own disruptive routines, and in less than a minute, the classroom scene is right out of Barnum and Bailey Circus with six center rings. "Rest" in this context is, by all means a misnomer. It can be the toughest part of the day.

Later, as the bus departs, so might your hopes. You conclude that the struggle for suvival was at best a tossup. But tomorrow is another day, and that lends itself to all kinds of possibilities--some good, some disastrous. To narrow the range of possibilities, and hopefully ensure survival, there are several major points to consider. The following information is a collection of self-help ideas from teachers who have experienced those first awesome days and have lived to tell about it. The list is by no means comprehensive, but does include some helpful survival skills.

HELPFUL SURVIVAL SKILLS

1. Inventory and evaluate all available teaching materials. Decide what equipment and supplies you need to order. Give yourself time to assess the children before ordering specialized material.

2. Arrange the furniture so that the children can easily learn where to work and where to play. Label the areas in the classroom and major equipment: coat hook, storage cubical, table, chair, etc. For the first few weeks store instructional materials, equipment, and reinforcers out of the children's reach.

3. Where it is possible, start the class with less than the maximum number of children and add children through the next few weeks. This will enable you to concentrate on a limited number of children with whom to develop basic classroom skills. Once two or three children can operate in a controlled manner without a lot of disruptive behavior, other children can be brought in one by one.

4. In all cases, concentrate on the establishment of basic classroom behavior before attempting academics or other learning tasks. It is useless to attempt to teach your student number concepts if the child cannot sit and attend under direction from you or an aide.

5. If one child is constantly disruptive or disturbing to the other children, it is helpful to work with that child one-to-one on basic classroom behaviors, even if it means leaving the rest of the children with the aide in a group situation. If ancillary staff members, i.e., speech therapist, adaptive P.E. specialist, etc., are available, they can help the aide for a designated period of time while you are working one-to-one.

6. Take on one thing at a time. Your initial teaching job will generally be in the line of eliminating disruptive behaviors and establishing basic skills. As the children learn and achieve increasing levels of success, take on more advanced goals. There is nothing better than success, no matter how small, for the new teacher.

7. Utilize available volunteer personnel. This might include parent-volunteers, university students, high school students, or cross-age tutors from the student body. With minimal training, these people can be very helpful in the classroom. Also, seek out auxilliary services including speech and language therapy, adaptive P.E., music, and psycholoical services.

8. Establish a good working relationship with your aide. It is often helpful to have a written list of responsibilities and duties. In achieving an appropriate one-to-one or one-to-two teacher/student ratio with the children, it is necessary to use the aide as a co-teacher. Open lines of communication and on-the-job-training can be facilitated by designating time for the two of you to get together before or after school.

9. The teacher, aide, and all volunteer ancillary staff must be aware of teaching strategies and discipline methods appropriate to each child. Consistency is very important.

10. Keep accurate data records on the children's behavior and learning progress. Charts, which can be put on a wall or elsewhere in view, are useful in maintaining consistency. Everyone working in your room will be able to tell at a glance what the goals are for each child and what methods are being used to attain those goals.

11. Develop a classroom routine or a daily schedule. Include time allotments for such activities as academic work, potty time, snack time, gross motor work, lunch, etc. In time, the children will learn this schedule and you will have a smoothly running class.

12. The classroom environment should be conducive to learning. It should not be highly distracting. An elaborate bulletin board might look nice, but it could be a source of inappropriate behavior (encouraging self-stimulation and fixation) for your easily distractable students.

13. Do not isolate the children from the rest of the staff or the student body. Your children may be referred to by the unaware as "those strange kids in Room 6." This unfortuante stereotyping is not motivated by malicious intent; it is the result of ignorance. Given the proper awareness, the staff and student body can be great sources of help and encouragement. The staff and other children come to understand and accept the autistic child has the opportunity to learn and function in a typical school environment. The only way to overcome harmful stereotyping is to provide for contact.

14. Try to leave the job at the end of the day. The challenge of teaching the autistic child can be overwhelming. Without other healthy outlets or involvements, you can lose perspective.

15. Establish open lines of communication with other staff members. When things are not going well, a talk with an understanding listener can be the best therapy.

16. Try to get in touch with others working with similar children-via the National Society for Autistic Children or other professional groups-to share your concerns, problems, suggestions, and solutions.

Finally, you are to be congratulated for taking on a most difficult but rewarding task. There are many sharing your enthusiasm and concern for these children and we join them in thanking you and wishing you a most joyous teaching experience.

AREA: Programming
LEVELS: PIJS
SOURCE: Unknown

TEACHING TECHNIQUES AND STRATEGIES

1. You must be in control at all times.
2. Child must be attending.
3. Child must be made to perform each task, even if you have to put him through the entire thing.
4. It is suggested that you begin with a child sitting down.
5. Make sure the length of session or task is short at first.
6. Children with autism will generally perform better for certain teachers. Expose them to a number of different teachers so that a given performance generalizes.
7. Environment, materials, and tasks must be structured for them.
8. It is strongly recommended that you never allow a child to escape from a task as the result of a tantrum or resistance. The next time you attempt to get that response, it will take even longer and the child may repeat offtask behavior. You must be the winner. (I have even placed a child in a time-out booth, but he is brought back to finish the task.)
9. Use all modalities to teach.
10. It is important to remember not to give assistance too quickly, or the child will always need you to perform a given task. Encourage independence. Give help only when it is apparent that a response will not occur, then do not forget to eliminate your assistance.
11. Make your directions short and consistent.
12. Use a variety of materials to teach a task. (Avoid sameness.)
13. Vary your placement of materials, as child may learn the placement and not the correct answer.
14. Design materials to meet child's specific problems.
15. Design a schedule for the classroom day but vary within the schedule
16. Move from simple to complex tasks.
17. Try to alternate your classroom activities from those than require little action and movement to those that require much action and movement.
18. Develop varying degrees of reward systems.
19. Tell students when an activity is beginning and ending. (It's time for reading. Reading is over.)
20. Be sure to reinforce all good behaviors and performances.
21. Be honest with the child. Let them know when you are happy, sad, or angry.
22. Constantly expect from each child.
23. Do not be afraid to demand things from a student. It is better than letting him sit and vegetate.
24. Discipline whenever necessary.
25. Maintain close relationships with parents.
26. Keep them well informed as to the progress of their child so that they will require the same kinds of behaviors at home.
27. Try to make each day interesting for you and your students. If the teacher is bored, why shouldn't the students be also?
28. Keep some sort of data so that you know when to move on and to be able to prove progress.

AREA: PROGRAMMING
LEVLES: PIJS
SOURCE: NSAC Communicator, Volume 2, Number 2, April, 1979

INTRODUCING CHANGE IN THE CLASSROOM

The last time we were struggling to push a 6' by 8' solid oak room divider from one side of the room to the other, just so we could "change" the room arrangement a little, we started thinking about all the things we've done and are doing to gradually introduce a little change into the classroom. Some are pretty obvious (and everyone probably does similar things) and others are a little more subtle.

1. Changing the actual room arrangement (we rue the day we asked for that divider!).

2. Changing work areas (the physical structure of the room may stay the same, but a child may work at 3-4 different places during the day).

3. Changing teachers -- we alternate teaching areas every day. For example, on Monday, one of us will teach Math and Fine Motor sessions, while the other takes the Language and Cognitive areas. On Tuesday, we switch. (We think this is good for us as well as the kids.)

4. Changing bulletin boards fairly often and changing the pictures on the wall.

5. Changing storage areas -- for example, moving the puzzle rack or switching the toy storage area from a big bookcase to the inside of a cabinet. Since the kids are expected to put away things they play with, this is the routine; they just need to be a little more observant about where the toys came from.

6. Changing your path to and from the cafeteria or the playground. (This occurred completely by accident one afternoon -- we were on the playground when the janitor locked the outside door closest to our classroom; and we had no alternative but to walk around the building to get back in. There were a few frets and fusses, but now, the kids will without direction walk to another door if our door is locked, and will accept a change to and from other places as well.

7. Moving the snack tray (or whatever you keep snack stuff on) -- again, the routine is each child putting away his own cup, napkin, etc. He just has to look more closely at his surroundings.

8. Moving the garbage can -- same as above.

9. Changing the records at rest time (our most recent attempt at change). Hap Palmer was everyone's favorite, and we were all pretty happy with his rest time accompaniment, until we noticed that each child has his own idea about the order in which the songs had to be played! (And they each complained accordingly, too.) So we decided to designate several albums as rest time records. We went through a couple of days of "Oh, what's the matter?" and "Fix it, Judy" when we made the big switch from Hap to Simon & Garfunkel, but the kids are now even listening to songs from several different albums during one rest period.

A lot of these changes have been gradual, and we don't expect the same amount of flexibility from each child. We also physically help move and prompt a couple of the more routine oriented kids through changes, rather than expecting too much too soon. But we think these ideas are good for two reasons:

1) the children have to be more observant (a certain child in our class is actually looking for the garbage can, rather than throwing his napkin on the floor) and

2) helping the kids to learn to accept change in a comfortable environment may carry over into less resistance to change in a less familiar situation.

Judy Leonard, Fred Jernigan, Chapel Hill, N.C.

AREA: Programming
LEVELS: PIJS
SOURCE: Unknown

PROGRAMMING

Essential Qualities of a Program

Integrality

Assessment

(Whom Am I Teaching?)

1. What are the strengths of this student?
2. What are the needs of this student?
3. What are the learning characteristics of this student?

Skill Analysis

(What Am I Really Teaching?)

1. What are the skills involved in this task?
2. What are the processes involved in this task?
3. What are the skills needed for and enhanced by this task?

Task Integration

1. Capitalizing on these skills and those in other programs.
2. Recombining these skills into more complex skills - processes.

Maximizing Efficiency

1. Meets largest variety of this student's needs.
2. Makes maximal use of student's strengths.
3. Eventually, may lead to increasingly complex combinations.

Functionality

(Why Am I Teaching This To This Student?

1. Increases interactions with non-handicapped peers.
2. Leads to less restrictive alternative.
3. Normalizing.
4. Promotes independence.

Internalizing Reinforcement

1. Permanent product.
2. Task completion.

Opportunities For Practice

1. Variety of settings.
2. Variety of persons.
3. Variety of materials.

AREA: Programming
LEVELS: PIJS
SOURCE: Jacki Anderson, University of Wisconsin

CURRICULAR DOMAINS

	VOCATIONAL	RECREATION/LEISURE	GENERAL COMMUNITY FUNCTIONING	DOMESTIC
EXAMPLE ENVIRONMENTS	Sheltered Workshop	Bowling Alley	Shopping Mall	Home
	Store	Movie Theatre	Dentist Office	Friend's Home
	Restaurant	Skating Rink	Doctor Office	Relative's Home
	Office	Shopping Mall	SSI Office	Group Home
	Car wash	Park	Bus	Respite Home
	Cleaners	Bike Path	Train	Camp
			Cab	Foster Home

See Following Sample

STUDENT: Mary Beth AGE: 11

SAMPLE CURRICULAR DOMAINS

	DOMESTIC	RECREATIONAL/ LEISURE	GENERAL COMMUNITY FUNCTIONING	VOCATIONAL	OTHER
CURRENT ENVIRONMENTS	a) natural home b) home of friend c) respite care home	a) neighborhood area b) school playground c) home of friend d) public parks/ beaches	a) hospital waiting room b) church c) sidewalks/streets d) shopping center	a) bedroom b) kitchen c) laundry room d) yard e) basement workshop	a) educational
SUBSEQUENT ENVIRONMENTS	a) group home b) natural home c) home of friends	a) bowling alley b) YWCA c) Public parks/ beaches d) movies e) home f) shopping center	a) public bus b) sidewalks/streets c) office of dentist	a) motel room b) home c) simulated workshop d) food preparation area in school	a) educational

AREA: Programming
LEVELS: PIJS
SOURCE: Teaching Makes a Difference

CURRICULAR ORIENTATION

Behavioral Management and Socialization

Autistic children initially exhibit very few appropriate social behaviors and, to compound the problem, they almost invariably exhibit an extensive, inappropriate repertoire. This combination has dramatic effets on the child's chances of being accepted, his integration opportunities as well as his ability to learn. For these reasons, most teachers begin by planning programs for their students which will help to increase "on task" and reduce "off-task" behaviors. Fortunately, development of a highly structured learning environment which increases the chances of the child's acquiring appropriate behaviors also enhances the probability of decreasing unacceptable behaviors. Though you may have to constantly program for and monitor inappropriate behaviors, emphasizing the positive will make this job of controlling "negative" behaviors easier.

Some of the kinds of program teachers usually begin with are:

- Decreasing off-task behaviors
  - Tantruming
  - Self-stimulatory behaviors
  - Non-compliance behaviors
- Increasing appropriate social behaviors
  - Prerequisite classroom behaviors
  - Performance in group activities
  - Appropriate interaction with other children

Communication Skills

Another characteristic feature of autism is the inability to acquire a communication system. In addition to this general difficulty in effectively communicating with their environment, individual autistic children exhibit very different levels of expressive and receptive language functioning. Therefore, the programs incorporated in this curriculum area range from the establishment of some form of rudimentary communication to the development of a more complex linguistic system. Typically, teachers work on these areas:

- Expressive
  - Non-verbal imitation
  - Verbal imitation (for oral communication system)
  - Sign imitation (for manual communication system)
  - Symbol identification (for written communication system)
  - Noun, verb, modifier, preposition labeling
  - Sentence construction

Receptive

- Following simple commands
- Noun, verb, modifier, preposition labeling
- Following complex commands

Cognition

Perhaps the most striking disability common to the autistic population is the impairment of cognitive integration. The organization of sensory input, or cognitive processes, does not seem to be naturally acquired by the autistic child. The programs subsumed under this general heading are specfically concerned with the development of pre-academic and academic skills. Since cognition is a necessary prerequisite to independent learning, however, all curriculum program, to varying degrees, are aimed at developing the child's cognitive abilities. Some examples of cognitive programs are:

Pre-academic

- Matching to classification
- Sequencing
- Spatial relations
- Equivalence of matter
- Auditory and visual memory development

Academic

- Number concepts
- Number computations
- Reading

Motor Development

As demonstrated by their self-stimulatory behavior, autistic children are able to perform gross and fine motor movements; yet they appear unaware of their actions and often are unable to motorically perform in purposeful activities. Most programs included in this curriculum area are designed to improve the child's sensory-motor integration and thereby teach him to direct his physical abilities toward a cognitively established goal. Examples of programs aimed to improve the child's motor development are:

Gross motor

- Body awareness
    - Non-verbal imitation
    - Obstacles course
- Development of appropriate game skills
    - Kicking
    - Throwing
    - Catching
    - Jumping
    - Running
- Organized sports
    - Basketball
    - Bowling
    - Kickball

Fine motor

- Beginning grasping and releasing
    - Blocks
    - Coins
    - Pencil rings
- Manipulation of fine motor tasks
    - Form boards
    - Leggos
    - Peg boards
- Pre-writing
    - Figure ground Frostig materials
    - Drawing
- Writing
    - Letters
    - Words
    - Phrases
    - Sentences

Self-help and Independent Living Skills

The acquisition of any self-help or independent living skills is indicative of some level of development in each of the other four curriculum areas. Even the simplest self-help skill involves verbal direction (language), environmental awareness (cognition), physical movement (motor development) and appropriate on-task behavior (behavior management/socialization). The complex nature of self-help skills requires you to be cognizant of the specific abilities necessary to perform certain tasks. Self-help and independent living programs include:

Self-help

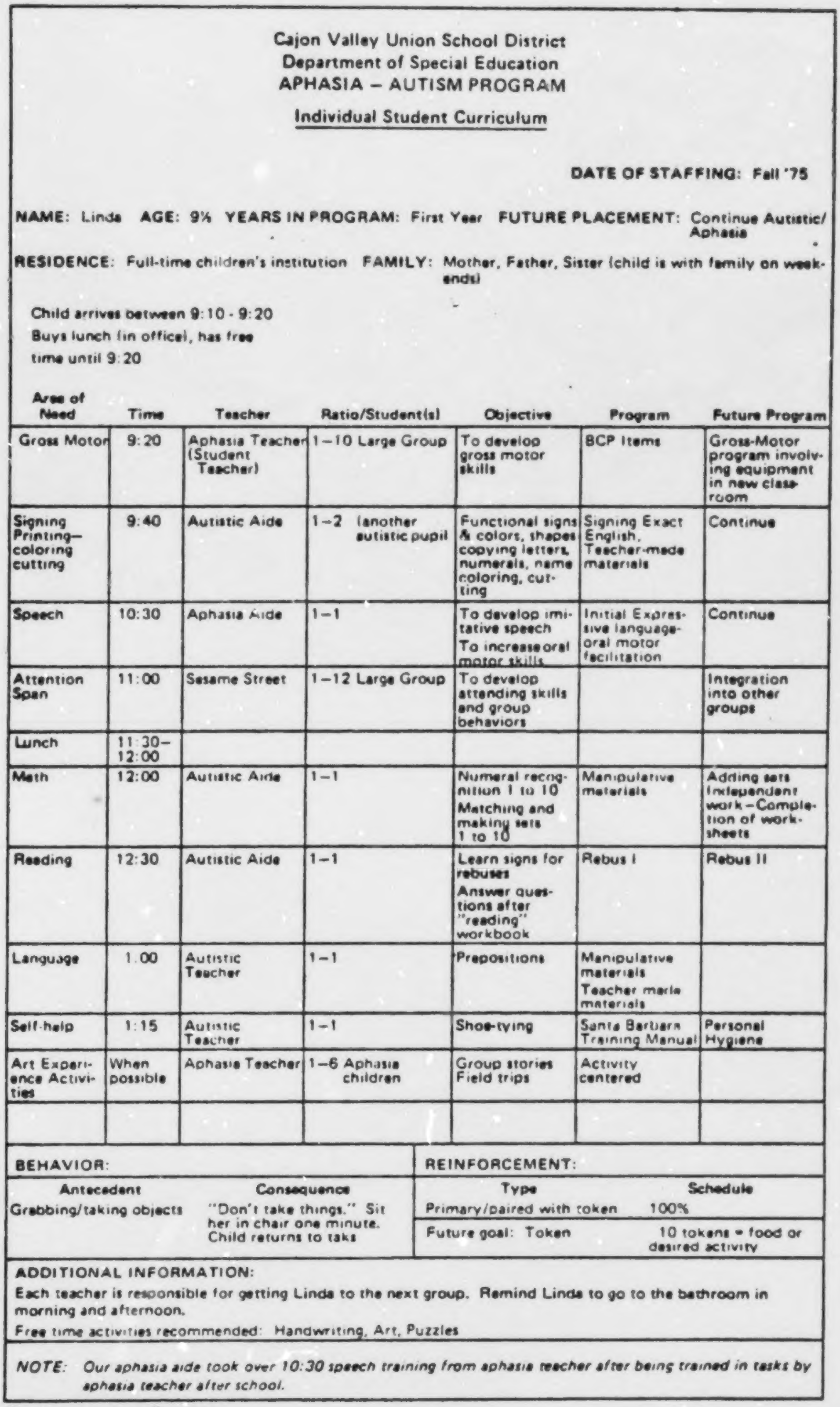
- Toileting
- Feeding
- Dressing

Independent living skills

- Household activities
- Pre-vocational skills
- Vocational skills

Our primary goal for autistic children is to help them develop self-help and independent living skills which will enable them to more adequately function in society.

AREA: Programming
LEVELS: PIJS



Cajon Valley Union School District
Department of Special Education
APHASIA – AUTISM PROGRAM

Individual Student Curriculum

DATE OF STAFFING: Fall '75

NAME: Linda **AGE:** 9½ **YEARS IN PROGRAM:** First Year **FUTURE PLACEMENT:** Continue Autistic/Aphasia

RESIDENCE: Full-time children's institution **FAMILY:** Mother, Father, Sister (child is with family on weekends)

Child arrives between 9:10 - 9:20
Buys lunch (in office), has free
time until 9:20

Area of Need	Time	Teacher	Ratio/Student(s)	Objective	Program	Future Program
Gross Motor	9:20	Aphasia Teacher (Student Teacher)	1–10 Large Group	To develop gross motor skills	BCP Items	Gross-Motor program involving equipment in new classroom
Signing Printing—coloring cutting	9:40	Autistic Aide	1–2 (another autistic pupil	Functional signs & colors, shapes copying letters, numerals, name coloring, cutting	Signing Exact English, Teacher-made materials	Continue
Speech	10:30	Aphasia Aide	1–1	To develop imitative speech To increase oral motor skills	Initial Expressive language-oral motor facilitation	Continue
Attention Span	11:00	Sesame Street	1–12 Large Group	To develop attending skills and group behaviors		Integration into other groups
Lunch	11:30–12:00					
Math	12:00	Autistic Aide	1–1	Numeral recognition 1 to 10 Matching and making sets 1 to 10	Manipulative materials	Adding sets Independent work–Completion of worksheets
Reading	12:30	Autistic Aide	1–1	Learn signs for rebuses Answer questions after "reading" workbook	Rebus I	Rebus II
Language	1.00	Autistic Teacher	1–1	Prepositions	Manipulative materials Teacher made materials	
Self-help	1:15	Autistic Teacher	1–1	Shoe-tying	Santa Barbara Training Manual	Personal Hygiene
Art Experience Activities	When possible	Aphasia Teacher	1–6 Aphasia children	Group stories Field trips	Activity centered	

BEHAVIOR:

Antecedent	Consequence
Grabbing/taking objects	"Don't take things." Sit her in chair one minute. Child returns to taks

REINFORCEMENT:

Type	Schedule
Primary/paired with token	100%
Future goal: Token	10 tokens = food or desired activity

ADDITIONAL INFORMATION:
Each teacher is responsible for getting Linda to the next group. Remind Linda to go to the bathroom in morning and afternoon.

Free time activities recommended: Handwriting, Art, Puzzles

NOTE: Our aphasia aide took over 10:30 speech training from aphasia teacher after being trained in tasks by aphasia teacher after school.

Developed by Anne Pottinger

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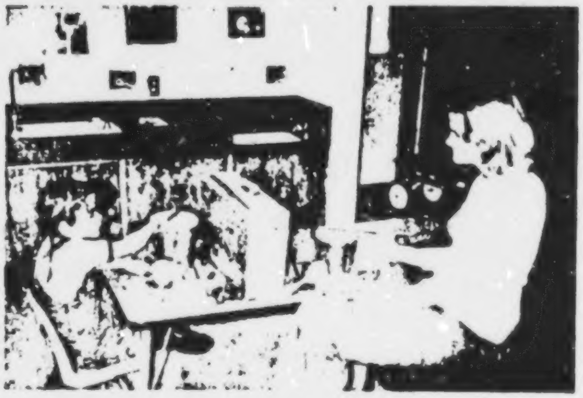
AREA: Programming, LEVELS: PIJS, SOURCE: N.S.A.C. Communicator

AN AUDITORY "MATCH TO SAMPLE"



We've found the auditory imitation program useful in beginning to teach the concept of imitation to children who suffer from tactile defensiveness or don't have lengthy or consistent enough eye contact for a gross motor imitation program. This is also true for children who have "over learned" one or two movements in a gross motor imitation program.

Prerequisite skills for this program are:

1. The ability to sit at a table with hands down while instruction is given.
2. Ability to use each of the instruments to make the required sounds.

Ways to expand on this program:

1. Auditory sequencing—Teacher plays several instruments in sequence and student imitates the sequence.
2. Auditory memory—Student hears sound in one location and has to go to another location to imitate the sound.
3. Auditory labelling—Student listens to tape of common sounds (telephone ringing, knocking on door), and either names the sound or identifies a picture of the sound being made.

Jacki L. Anderson
Santa Barbara

NAME
DATE INITIATED
DATE COMPLETED

RGET BEHAVIOR *When presented with the sound of a musical instrument, student will choose correct instrument from a group of 10 and imitate that sound*

REINFORCEMENT
PUNISHMENT
DATA

ASSESSMENT: *Meet target behavior with 90% accuracy on two consecutive days*

Steps	Teacher Behavior	Student Behavior	Criterion	Other Steps
	Setting: Student and teacher seated next to each other at table with screen dividing the table between them			
	Materials: 2 identical sets of 10 musical instruments Screen or divider to separate the 2 sets			
1	Teacher shows student an instrument saying, "Do this" as he plays the instrument. Use instrument #1 and #2, randomly alternating trials	1. Student matches appropriate noise by playing the correct instrument.	90% accuracy on combined trials 2 days.	Probe step 2
2	Teacher plays instrument behind screen as he instructs student to "Do this." Use instrument #1 and #2	2. Same as 1	90% accuracy on combined trials 2 days.	
3	Same as step one but use instruments #1, #2 and #3	3. Same as 1	90% accuracy on combined trials 2 days	3a. Repeat step 1 with instruments #1, #2 and #3
4	Continue to add instruments to 10 sounds			

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AREA: Programming
LEVELS: PIJS
SOURCE: Unknown

SETTING UP A PROGRAM FOR ELIMINATING OFF-TASK BEHAVIORS

1. Choose a behavior

Remember: You want to work on only one behavior at first.

2. Define the behavior

It must be an operational definition; i.e., any other person could read your definition and know exactly what behavior you are referring to.

Examples

A) Eliminate non-compliance of student.

Non-compliance is defined as any instance where the student fails to follow a command after the command has been stated twice.

B) Eliminate manipulative self-stimulation.

Any instance of the subject using any combination of fingers to apply pressure or tension to any object (animate or inanimate).

C) Eliminate tantruming behavior.

Tantruming is defined as any instance of screaming and/or crying, which may be accompanied by biting or throwing objects.

3. Determine antecedent conditions, behavior and consequences

Remember: A REINFORCER is defined as: any stimulus that increases the probability of a behavior occurring.

A PUNISHER is defined as: any stimulus that decreases the probability of a behavior occurring.

4. Select an appropriate behavior to take the place of the off-task behavior

When eliminating an off-task behavior, select an appropriate on-task behavior to increase. (e.g., if eliminating manipulative self-stimulation, increase an appropriate manipulative behavior such as putting together puzzles.)

AREA: Programming
LEVELS: PIJS
SOURCE: Teaching Makes A Difference

SAMPLE PROGRAM: ESTABLISHMENT OF EYE CONTACT

BASELINE PROCEDURE: Present S^D "Johnny, look at me" ten times. The child's face must be directly facing the teacher and eyes of both child and teacher must meet for approximately two seconds.

PROBING PROCEDURE: After each step of the prompt fading procedure, a probe of three presentations of the S^D will be given.

FOLLOW-UP: Will be "natural" as "look at me" will be the prerequisite to most tasks

Target Behavior	Step	S^D	Response	Consequences & Schedules	Criterion	Data Recording Method
Looking directly at teacher's face for a period of at least one second (work up to 20 seconds)	1.	"Johnny, look at me."				
	a.	*Prompt:* Teacher manually turns child's head toward teacher with hand holding jaw until eye contact is made	Child's face faces teacher and eyes of both child and teacher meet	*Correct:* "nice looking" plus primary reinforcer (raisin, etc.), 100% *Incorrect:* remove food	Nine out of ten trials correct prompted Fail: five incorrect responses	Trial-by-trial x = correct 0 = incorrect xp = correct prompted 0p = incorrect prompted
	b.	*Prompt:* Teacher manually turns child's head using 3 fingers pressing side of jaw to move head	Same as above	Same as above	Same as above	Same as above
	c.	*Prompt:* Teacher manually turns child's head toward teacher using one finger on side of jaw to move head	Same as above	Same as above	Same as above	Same as above
	d.	*Prompt:* Teacher manually turns child's head toward teacher by tapping jaw with index finger	Same as above	Same as above	Same as above	Same as above
	e.	*Prompt:* Teacher moves finger toward jaw and child moves head to face teacher	Same as above	Same as above	Same as above	Same as above
	f.	*No prompt.*	Child's face should be facing the teacher and eyes of both child and teacher meet	Same as above but when child meets performance criterion, schedule of reinforcement will change to 100% social, 50% primary, incorrect response extinction	Same as above	Same as above

Outline—Eye Contact

Target Behavior: Child will look at teacher on request for one second, work up to 8-12 seconds

Prerequisite Skills: Sitting and physical capability

Materials: chairs, reinforcers

Procedure.
1. Child is sitting appropriately in chair
2. Give instruction, "Look at me."
3. Use a physical prompt in order to make child face you. You may also want to use a food prompt. Start out holding food close to your eyes, later hold only your hand close to your eyes.
4. Consequate child with social and food reinforcement.
5. If prompting is undesirable or ineffective, use the following shaping procedure:
    a. child must look in direction of your head
    b. child must look at one specific area of your head, perhaps forehead
    c. child finally has to make direct eye contact

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AREA: Programming
LEVELS: PLUS
SOURCE: N.S.A.C. Communicator, Vol. 2, No. 3, May. 1979

LOTTO

Many of the S.B.D. teachers from Missouri State Schools for Severely Handicapped are using the enclosed name writing program. Pat Balloni, Assistant Supervisor of Programming modified a commercial program entitled Name Writing, #6625, by the Hubbard Company, Box 104, Northbrook, Illinois, 60062, to fit the needs of her students. The enclosed program is divided into two parts — Lotto and Tracing.

ED. *Thanks for a nicely sequenced name recognition and writing program. The lotto program for name recognition could be used separately for a child without the fine motor skills needed to write his name.*

L-1	o t i s ← 8" → 2" + o t i s	Match letter cards to name card (optional)
L-2	o t i s ☐ ☐ ☐ ☐ + letter cards	Match letter cards below letters in name card
L-3	Otis o ☐ ☐ s + letter cards **L-3a** OTIS O ☐ I S or OTIS O T ☐ S	Match & arrange missing letters in correct order with attached visual cue.
L-4	Otis ☐ ☐ ☐ ☐ + letter cards	Arrange cards in correct order with attached visual cue.
L-5	☐ ☐ ☐ ☐ + Index card Otis + letter cards	Arrange cards in corect order with an unattached visual cue.
L-6	☐ ☐ ☐ ☐ + letter cards	Arrange cards in correct order with no visual cue (from memory)
L-7	Letter cards — arrange in correct order with no background card or visual Cue. o t i s	(from memory)
L-8	Various letter-type letter cards o t i s	Arrange cards in correct order using various type letter cards (from memory)
L-9	Letter cards + additional letters	Arrange cards in correct order using only cards in name (from memory)

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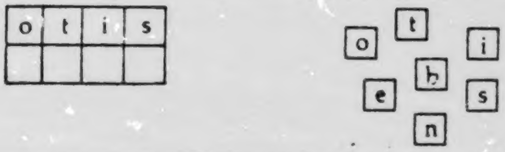
ED. *It may be easier for some children to deal with the extra letters if they were added after level two rather than waiting until s/he's doing the task from memory.*

L-2a			
	TRACING		
T-1	Trace dotted letters 4" tall	4" otis	otis otis
T-2	Trace dotted letters 2" tall	2" otis	otis otis otis otis
T-3	Trace dotted letters 1" tall	1" otis	
T-4	Copy name within boundary with dotted letters 1" tall	Otis otis	
T-5	copy name within boundary	Otis	
T-6	Copy name	Otis	
T-7	Print name from memory		If unable to do this, try using steps 7a, b and/or c
T-7a	O t i __		
T-7b	O t __ __		
T-7c	O __ __ __		

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STATE OF IOWA - DEPARTMENT OF PUBLIC INSTRUCTION

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EDUCATIONAL PROGRAMMING FOR PUPILS WITH AUTISM

Division of Special Education, Iowa Department of Public Instruction

The special education needs of pupils described as "autistic" or autistic-like" has recently received much attention in Iowa. This attention parallels similar increased awareness nationally regarding the specific special education needs of such children and young adults. One of the issues which has been raised with the Department of Public Instruction is the parents' contention that there are misunderstandings of the local district and Area Education Agency levels regarding the obligation to program for such pupils. A clarification of responsibilities in educational programming will be the focus of this paper. It is not the intent of this paper to present a comprehensive review of the educational issues involved in programming for autistic children and young adults.

Within the current Iowa Rules of Special Education (1977) the term autism is not specified. This does not mean that such children and adolescents are not a part of the population referred to as requiring special education in our state. Within the current special education structure in Iowa, autism is considered, for most purposes, as a part of the area of emotional disabilities although there are obviously characteristics manifested by these students which are shared by other handicapping conditions such as severe and profoundly handicapped, mentally disabled or communicatively handicapped. There is also a recognition that the instructional needs of those pupils and their Individualized Educational Programs may indicate as the appropriate program one of several special education program models including the option of serving such pupils in a regular classroom with supplemental assistance. According to the Iowa Autism Status Report (1979), pupils with autism are being served in several programming options within our state including programs for the emotionally disabled, severe and profoundly handicapped, mentally disabled and programs for the communicatively handicapped. Such programming diversity seems appropriate when viewing the diverse skill levels found among autistic children and young adults. However, such placement decisions must be made on the basis of individual pupil needs rather than the type of program available.

It should also be pointed out that pupils with autism who are handicapped in obtaining an education are entitled to a free appropriate education between the ages of 0-21. This educational program need not extend to age 21 if they complete their program sooner. There are also provisions for programming beyond age 21 up to age 24 but a rationale mut be developed to extend such programming based upon a pupil's program being significantly interrupted or delayed at an earlier time thus necessitating such an extension. There is

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also a question regarding summer programming. At this time a local school district is only required to provide 179 days of instruction. The provision of a summer program is required if the staffing team and director of special education declare that such an extended year is necessary in order to make the overall program appropriate and prevent significant regression.

There are, in Iowa, several special education programs which have been established specifically for children identified as autistic. Such an alternative is encouraged by the Department of Public Instruction when the needs and geographic clustering of such pupils warrant such an alternative. For such programs a teacher with endorsement 80 (emotional disabilities) is required.

In addition to the instructional staff serving programs for pupils with autism, there is also the need for a concentration of clinical speech and language services in such programs. Communication skills have been shown to be closely related to the positive long-term prognois for pupils with autism.

Other support services are also important for pupils with autism. In the assessment area school psychological services should be directed toward assessment and assistance in identifying such pupils using instruments such as the Autism Screening Instrument for Educational Planning. Families having children with autism often need assistance in integrating into the home a program consistant with what is being done at school and information regarding the utilization of other community services. School social workers have a role to play in this area. In addition, with some autistic pupils, there is a need for other support services such as occupational therapy. The need for support services is to be determined by the diagnostic educational staffing team and verified by the AEA Director of Special Education in developing a pupil's individualized educational program.

There are several other issues that need to be discussed in relation to special education programming for pupils with autism. These are issues of interaction of such students with normal age peers, the role of residential institutions with such students, the role of clinical diagnosis and the role of school personnel in advocating for these pupils.

Although there is a need to provide specific educational programming for pupils with autism, it is also critical that these students have an opportunity to interact with normal age peers. One of the primary goals in programming for pupils with autism is to have such students attend more carefully to the behavior of chronological age peers who are not autistic. If the educational program serving autistic pupils does not provide an opportunity for appropriate interaction with normal age peers, we will be establishing a situation where such modeling behavior is not allowed to take place.

In the past it has been reported that the vast majority of autistic children and young adults reside in 24-hour residential settings. parents have reported that, in some instances, this is the only alternative offered to them in meeting the educational needs of their children. Although it is important to view institutional programming as one alternative, it is also imperative to develop alternative eductional placement which are available in our public schools. It is not appropriate for parents of pupils with autism to be presented with institutional programs as the only alternative for securing a special education program for their children.

Traditionally the term "autism" has been designated to describe a child by a physician with the assistance of clinic staff. In contrast to this process, a youngster is identified for special education programs or services by a diagnostic educational staffing team. This team is composed of regular and special educators, support personnel such as school psychologists, administrators, and parents. Although this team may seek input from such sources as a physician, it remains up to the diagnostic educational staffing team to make a recommendation to the AEA Director of Special Education regarding a particular student's educational handicap and educational needs. It is important to keep this process in mind when staffing a pupil whom we suspect can best be described as autistic and programmed for accordingly.

It appears that in the past many pupils most accurately described as "autistic" have not necessarily received an appropriate special education program in Iowa. In some cases this may have been the result of a lack of information regarding the needs of such pupils. In other cases educators may have wanted to place such youngsters according to current resources rather than the needs of such pupils. In yet other cases we may not have known what to do with such a complex youngster.

As our special education program options expand and improved programming is made available to pupils with autism, it is important for educators to consistently advocate for appropriate programming for these children and young adults. At the base of most parental and advocacy complaints in autism is a feeling that an appropriate program is not currently being provided.

MISCELLANEOUS

The purpose of this section is to provide the reader with a variety of information regarding the identification, assessment, services and materials available to support the teacher in his or her instruction of the ED student.

Items here focus on observational techniques, student interviews, testing materials, record keeping samples, AEA resources and a directory of services.

RESOURCES

The following is a list of materials available through the Curriculum Laboratory, Special Education Division, Educational Services/Media Services.

Book Nook
- Analyzing Performance Problems by Robert Mayer

Center for Teacher Education
- PETSS Project
  Training References - Identification and Use of Support Services and Personnel

Council for Children with Behavioral Disorders
- Professional Reference - Behavioral Disorders: Volume 5/#4, August, 1980

LINC Services, Inc.
- Professional Reference - Special Education Materials - Made Available through the BEH Marketing Program, 1980

Pro-Ed
- Behavior Rating Profile

U. S. Department of Health, Education & Welfare
- Professional Reference - Child Abuse and Neglect: A Self-Instructional Text for Head Start Personnel, 1977

University of Iowa
- Professional Reference - Child Abuse & Neglect: A Manual for School Personnel

University Park Press
- Emotional Disorders of Mentally Retarded Persons by Szymansia

W. B. Saunders
- Professional Reference - Behavior Disorders in Children, 1972

Western Psychological Services Catalogue
- Personality Inventory for Children
- Inferred Self-Concept Scale

AREA: Bibliography in Structured Classroom Observations

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AREA: Identification - Definition by the State of Iowa
SOURCE: Rules of Special Education, Iowa Department of Public Instruction

IOWA RULES OF SPECIAL EDUCATION PERTAINING TO EMOTIONAL DISABILITIES AND CHRONICALLY DISRUPTIVE

Definition:

"Emotional disability", which is manifested as a behavior disorder, is a pattern of situationally inappropriate behavior, observed in the school setting, which deviates substantially from behavior appropriate to one's age and significantly interferes with the learning process, interpersonal relationships, or personal adjustment of the pupil. The determination of this handicap is largely based on the consistency, intensity, and duration of the behavior of concern.

Definition:

"Chronically disruptive" is the inclusive term describing those pupils who repeatedly exhibit markedly unacceptable behavior preventing a satisfactory adjustment to the regular school program and significantly interfering with the pupil's learning process and interpersonal relationships. This behavior occurs to such a degree that the administration or local school district board has excluded the pupil from the regular instructional program. The school shall document prior attempts to modify the regular educational program in such a way as to meet the educational needs of the pupil. The director of special education shall consult with representatives of appropriate juvenile agencies as a part of the diagnostic-educational staffing process.

Requirement:

When recommendations for a pupil with emotional disabilities indicate a need for provision of services in a self-contained special class, there shall be a consultation either with a psychologist, licensed in Iowa, or a psychiatrist. The purpose of this consultation is to review the potential effects of the proposed program upon the pupil. This consultation may also include additional recommendations related to most appropriately meeting the pupil's needs. The director of special education is responsible for maintaining a record indicating the completion of such a consultation prior to the pupil's placement in the proposed self-contained program.

CLASS SIZE LIMITATIONS SPECIFIED BY IOWA RULES OF SPECIAL EDUCATION

	Itinerant Teacher	Resource Teaching Programs [a]	Special Class With Integration [b]		Self-Contained Special Class			Severely Handi-capped
			Elementary	Secondary	Preschool	Elementary	Secondary	
Communication Disability	Not an Option	18	12	15	8	8	10*	5
Hearing Impaired	10	Department Approval	10	10	8	8	10*	5
Emotional Disability	10	18	12	15	8	8	10*	5
Learning Disability	10	18	12	15	8	8	10*	5
Mental Disability	Department Approval	18	12	15	8	8	10*	5
Physical Disability	10	18	12	15	8	8	10*	5
Visually Impaired	10	Department Approval	12	15	8	8	10*	5
Chronically Disruptive	Not an Option							5
Severely and Profoundly Handicapped	See Rule 12.27							

* Self-contained special classes at the secondary level may be operated with an enrollment limit of 15 students if a work experience instructor supervises on-the-job work experience and provides related instruction.

NOTE: Chronological Age Range Limitations

1. Resource teaching programs and special classes with integration will be housed in elementary or secondary school facilities and serve pupils of a corresponding age range.
2. Self-contained special classes may be operated at the preschool level or other instructional levels so long as the chronological age range of pupils enrolled does not exceed six years.

[a] May be provided on a multi-disability basis with a maximum class size of eighteen.

[b] May be provided on a multi-disability basis with department approval.

AREA: Identification
LEVEL: PIJS
SOURCE: Iowa Perspectives, Department of Public Instruction, May, 1977
PROCEDURE: For reference and information

News of Programs for
Emotionally Disabled
and
Chronically Disruptive
Students

Iowa Perspective

Iowa Department of Public Instruction

May, 1977

Identification of Emotionally Disabled

Author's Note: The following article should not be interpreted as official guidelines or rules. Rather, it is intended to provide assistance in dealing with the complex issues involved in identification. I welcome any reactions you have to the content.

Carl R. Smith
Consultant, Emotionally Disabled/Chronically Disruptive
Iowa Department of Public Instruction

With the growth of programs in our state serving youngsters with emotional disabilities, we are faced with the need to more specifically address those issues involved with the identification of such population. A clarification of the identification process is the purpose of this paper.

We will begin by examining the more traditional definitions of emotional disabilities and continue through to the more recent trends in defining youngsters with behavioral difficulties. In addition, we will deal with the methods used to identify such youngsters and will address the very basic question, "Why identify in the first place?"

Those familiar with the field of emotional disabilities realize that our Iowa definition of emotional disabilities is based quite heavily on the work done by Eli M. Bower and Nadene M. Lambert at the California State Department of Education in the early 1960's. Much of the information I am going to share with you can be read in Bower and Lambert's "In-School Screening of Children with Emotional Handicaps" found in *Conflict in the Classroom.*[1] I am going to use this source to provide a background in describing "four behavioral clusters" contained in more traditional definitions of youngsters with emotional abilities.

Withdrawal from social interaction in the school environment is an area that we have not emphasized in the past. At the furthest extreme, this behavior is seen in those children referred to as "autistic" or "autistic-like." At a less severe level these youngsters withdraw in the school setting – not just the shy child – but rather a child withdrawing to the point where educators are sincerely concerned that such a youngster's personal adjustment in the school setting is in trouble, coupled with the feeling that things might become worse unless appropriate interventions are initiated. Unlike the situation with many other emotionally disabled youngsters, here we are concerned with low frequency behaviors (social interactions, verbal behavior, etc.) rather than a high frequency of inappropriate behavior such as aggressive acts.

A second behavioral pattern noted in identifying youngsters with emotional disabilities centers around interpersonal relationships:

> **The term "satisfactory interpersonal relations" refers to the ability to demonstrate sympathy and warmth toward others, the ability to stand alone when necessary, the ability to have close friends, the ability to be aggressively constructive and the ability to enjoy working and playing with others as well as to enjoy working and playing by oneself.**[2]

Although we most commonly associate this inability in interpersonal areas to be the result of the display of behavior patterns (aggression, verbal behavior, etc.), this deficiency may also be seen in the withdrawn youngster.

Our third behavior pattern is described as "consistently inappropriate behavior under normal circumstances." This is, for example, that youngster whose behavior pattern remains outside the realm of acceptability no matter what school activity is going on. Such a youngster's behavior may be considered unacceptable on the playground just as it was during the morning reading group. "What is appropriate or

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[1] Bower and Lambert, "In-School Screening of Children with Emotional Handicaps," *Conflict in the Classroom*, eds. Long, Morse and Newman, (Belmont, Calif.: Wadsworth Publishing, 1971), pp. 142-148.

[2] Ibid.

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inappropriate, mature or immature, is best judged by the teacher using his professional training, his daily and long-term observation of the child, and his experience working and interacting with the behavior of large numbers of children."[3] We are fortunate in our state to have other professionals whose observational skills can be combined with the classroom teacher's in making such a determination; an area we will be examining more closely at a later point.

The final behavioral pattern described in more traditional definitions is a "general pervasive mood of unhappiness or depression." To this professional, such a pattern of behavior is one of the most difficult with which to deal. As Bower and Lambert describe:

> **Children who are unhappy most of the time may demonstrate such feelings in expressive play, art work, written composition, or in discussion periods. They seldom smile and usually lack a "joy of living" in their school work or social relationships.**

Many of us as teachers can recall these youngsters: the child who displays a sadness, a loss of purpose; a condition one hates to see in adults but finds even more disturbing when seen in youngsters.

As mentioned in the beginning of this paper, we are now dealing with some new concepts in the definition of emotionally disabled pupils. This is not meant to imply a lack of confidence in the validity of such behavior patterns as described above. The inclusion of new concepts is based on the premise that such a listing can never be complete in describing all the behavioral combinations we deal with in our programs for the emotionally disabled. We do see, however, based largely on the work done by Dr. Bower in California, that the aforementioned behavior patterns are the most common problems brought to our attention in the public school setting.

I would like to move from the more traditional definitions of emotional disabilities into some of the issues which have come to fore more recently. These issues deal with our need to design programs for emotionally disabled youngsters on the basis of observable behavior patterns rather than hypothesized internal states of these youngsters. I personally hope that we will be capable of "objectifying" our identification procedures yet not reach the point where we fail to recognize the existence of any of the more complex behavior patterns shown in our youngsters which may be difficult to specify in behavioral terms.

It is important, however, to add several concepts to those that we have already discussed regarding the identification of emotionally disabled pupils. These are consistency, intensity, duration, and age appropriateness. These are important factors to consider when identifying youngsters with emotional disabilities.

When looking at a youngster suspected of having an emotional disability we should examine and document the consistency of the reported problem. Is this behavior of concern something we see rarely or has this behavior taken on a consistent quality? Is the behavior observed only once every three weeks or do we see it an average of every fifteen minutes during the school day?

How intense is the behavior with which we are concerned? In the area of disruptive behavior is the pupil's behavior so disruptive that everyone in the classroom is disturbed? If we are concerned with verbal behavior, is the disruptive verbal behavior excessively loud or in a normal tone of voice? If the student has consistent difficulties in getting along with peers, is this a minor verbal provocation or an intensive physical fighting with his peers? These questions should be asked when identifying youngsters with emotional disabilities.

What is the duration of the behavior under question? Does it last or does it quickly fade away? Does Sally withdraw into her silent world for ten minutes and then return to acceptable behavior? Or, does her extreme withdrawn behavior persist for two, three, four hours at a time?

Consistency, intensity and duration of behavior must be assessed by objective data compiled by a member or members of the staffing team prior to a youngster being identified as emotionally disabled. There are a number of observational and reporting systems to use for this purpose. The importance of such a means of gathering data is articulated by Reynolds:[4]

> **". . systematic observation is an objective means of gathering data that can be used to understand, correct or change a situation or individual's behavior. It is an organized way of looking for differences that may have positive or negative significance in the management of children's education. Ultimately, it is a professional skill to improve the classroom performance of teachers and provide them with greater satisfaction in their professional activities."**

I would like to note here that not only do we use observational data to document intensity, frequency, and duration of behavior but we also use this information to qualitatively describe the behavior of concern. For example, by using such information we may be able to describe in more precise terms "Johnny's inability to maintain satisfactory and/or personal relationships with peers."

Another concept we should examine in identifying youngsters with emotional disabilities is the "age appropriateness" of his behavior. For example, an extreme withdrawal reaction to all members of the opposite sex may be quite appropriate for male first graders. But how would we view a high school adolescent who consistently exhibits this behavior? This is another area in which objective observational data may be quite helpful.

By what means do we gather this diagnostic information? I would like to deal with this multi-faceted area next.

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[3] Ibid.

[4] Reynolds, "Foreword," *Observation of Pupils and Teachers in Mainstream and Special Education Settings: Alternative Strategies*, eds. Weinberg and Wood, (University of Minnesota, 1975).

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Data should be available concerning the home situation when a youngster is suspected of needing services for the emotionally disabled. The school social worker is often the professional staff member best able to provide such input. This information provides the staffing team with the background of the parents' perception of the problem, the history of the youngster's problem, as well as perceived home factors which may be contributing to the youngster's difficulty in school. In the past we may have become fixated on analyzing the family dynamics and failed to move beyond this point. Today we realize that examining the family situation is merely one step. We also realize that many programs we design in the school setting for youngsters may very well be contingent upon parental cooperation to insure program success. For example, we may deal with a motivational system (behavior modification) that includes both in-school and out-of-school rewards for appropriate behavior. In this case, the out-of-school component success is quite dependent on how successful we have been in soliciting this cooperation. We also need to remember that although we may have two components, in-school and out-of-school, conveniently dichotomized in our conceptual schemes, in reality these are interrelated and success in either area is frequently affected by success in the other.

Observational data has been mentioned earlier in this paper as essential in evaluating those youngsters potentially identified as being emotionally disabled. I would like to look at two ways of gathering this data; both of which I feel should be included as information used by the diagnostic educational staffing team.

The first of these would be that information most commonly gathered by a behavioral checklist. There are several behavior checklists commercially available. In addition, many professionals have modified these commercially available checklists into something more relevant to their local needs. Although formats may differ, these checklists generally have those significant others who are in contact with the youngsters–teachers, counselors, administrators–respond to various behavioral descriptors and note whether such behaviors are a problem with the particular youngster in question. By gathering this data from several people we may ascertain which behaviors seem to be major problems, how serious these problems are, and whether such behaviors are consistently noted.

The second type of observational data is gathered by an objective observational system. This would entail an objective person observing in the school setting and formally gathering observational data related to a particular youngster and his classroom interaction. Again, as was the case with checklists, there are many observational systems from which to choose. Most of these do include the components of specific behaviors observed, a specific recording system, and a specific time frame in which behaviors are observed. By combining these two tools, behavioral reporting via checklist data and specific behavioral observation data, we are in a much better position to accurately assess the consistency, intensity, and duration of the behavior or concern which led to referral.

Another area with which we must be concerned is how the youngster perceives the school problem as well as how he perceives other areas which may be bothering him. We use a number of methods in gathering this information. One of the dangers that we face as professionals is that of becoming so centered on our attempt to become more objective in our evaluations that we overlook this area.

Perhaps the most basic means of looking into this area is to interview the pupil. This may be by means of more a structured interview, or left unstructured if the interviewer is skilled and feels comfortable doing so. In this process we deal with such questions as "How do you feel about how things are going in school?" "Do you feel good about yourself?" "What do you think should be done to help matters in school?" By asking such questions, the skilled interviewer is capable of learning about many aspects of the youngster and his relationship to the school setting; aspects we may miss in our more objective fact-finding.

In addition to the interview, we use many other instruments in the part of the evaluation including self-inventories and projective instruments. One word of caution – I feel that projective instruments (MMPI, CAT, TAT, Rorschach, etc) may be useful, but in order to do so they must: 1) be administered by someone thoroughly trained in this area and 2) be educationally relevant. It is my experience in clinical settings that there seems to be a tendency to gather much information with these instruments, which may be clinically relevant, yet whose relationship to an educational program is, at best, questionable.

Another component of identification, required for our more restrictive placement proposals, is that of clinical consultation. Many people have appeared to misinterpret this component as going outside of the school setting to gain approval from someone, such as a psychiatrist, prior to placing a youngster with emotional disabilities in a self-contained program. This is not the case. Rather, we are seeking the professional opinion of someone trained in dealing with emotionally disabled youngsters in both therapeutic and educational areas. We are presenting the diagnostic information we have, a description of the program we are proposing and asking "Do you have any concerns regarding this proposed placement?" This should add to the procedural safeguards we provide for those youngsters we are identifying as emotionally disabled. We are not asking or requiring such things as clinical diagnoses, approval of our decisions or abdicating our responsibility in providing educational programs for these youngsters. It is still the responsibility of the diagnostic educational team to determine whether a youngster is in need of services provided under the area of emotional disabilities.

One final area in our discussion deals with the general information we need in identifying these youngsters. The *Rules of Special Education*[5] state that all special education staffing shall include:

> **The compilation or acquisition of a comprehensive educational evaluation for each pupil which includes recent evaluations of vision, hearing, language and speech, intellect, social functioning, academic status, health history, and other elements as being appropriate by the diagnostic educational team.**

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[5] Iowa Department of Public Instruction, *Rules of Special Education*, 1974, p. 15.

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How many of you have been confronted with the question, "Why should we identify any youngster as emotionally disabled?," or the statement "I refuse to place the label of ED on any pupil." The final part of this paper will deal with the question "Why identify?"

Before addressing the possible repercussions of not identifying youngsters who are in need of special education programs and services, I would like to speak of some of the possible reasons fellow professionals have hesitated to identify ED youngsters. I do this with the realization that I may be tapping only a few of these reasons – by no means am I being complete.

Perhaps the most prevailing hesitation in identifying youngsters as emotionally disabled occurs as a result of our concern regarding the possible "stigmatizing" effect of identifying a youngster as emotionally disabled. We fear not only the short-term effects of labeling these youngsters but the long-term implications of the youngster bearing the label emotionally disabled.

We, as a state agency, are concerned with protecting :hese youngsters from the possible negative effects of such ı label. I see only two needs in using the term "emotionally lisabled." They are: 1) in reporting a youngster's primary ıandicapping condition to this agency for purposes of lelineating services needed and provided, and 2) in eporting to parents, as part of our due process procedure, heir youngster's primary handicapping condition. I see no eason to label any room as "the ED room" or any oungster as the school's "emotionally disabled pupil." urthermore, we encourage the reporting of identified oungsters with emotional disabilities by a coding process ather than actual names. Yes, we must be able to audit, if ecessary, the services being rendered to youngsters dentified. No, we are not interested in maintaining any naster name list of those youngsters throughout our state n need of such services.

Another hesitation in identifying these youngsters may e the result of opinions that these youngsters may be best erved in other types of special education programs. erhaps the most reported tendency to do this would be e temptation to serve youngsters with emotional isabilities in programs for the learning disabled. This is omplicated by the widely reported and empirically based ata related to the academic deficiencies appearing in oungsters with emotional disabilities.

Many special education professionals also question eir particular competency in identifying youngsters with notional disabilities. I have often heard the statement, "I as not prepared in my training program to deal with these notionally disabled pupils." This seems to be one area in hich many of us feel quite uncomfortable – afraid of aking professional mistakes.

One final possible reason contributing to the hesitation identifying ED youngsters has been the dearth of rograms in our state serving such youngsters. Many have esitated to identify this handicapping condition when ter such an identification process there are no programs meet the needs of this youngster. Yet at the same time, order to begin programs, we must have a documented ed for such programs.

What are the repercussions we face by not identifying those youngsters who are in need of such programs? I feel there are several that should be mentioned.

Perhaps one of the saddest experiences in my professional career is to visit and work with youngsters whose behavior has become so serious that they require institutionalization – youngsters who perhaps could have been spared this restrictive alternative if appropriate interventions had been available at an earlier time. As I stated in an earlier issue of *Perspective*:[6]

> **The majority of our programs are presently available only in large population cities. Thus, we are faced with the difficult question of how to serve such a youth in our more rural areas. Presently, the only option may be to serve these youngsters in special education programs which may not in any way be "most appropriate" or wait until their handicap is of such a severe nature which will require an institutional program outside of their home community. This latter alternative is especially difficult to reconcile in light of our "least restrictive" goals in providing programs for these youngsters.**

This is the most serious possible repercussion I see as a result of our hesitency to identify and create programs for the emotionally disabled – the human consequences of a youngster who needs a program, none is forthcoming and the problem, rather than remitting, becoming more serious.

The emotionally disabled youngster has particular program needs, which cannot be always met in the regular classroom or other types of special education programs. Such needs may include the structure of the classroom, a teacher particularly sensitive to the supportive needs of the youngsters with whom we deal, a curriculum appropriately structured for these pupils, a behavioral management system based on consistent, firm yet fair limitations, and a means for dealing with undesirable and unacceptable behaviors. When placed in other programs, youngsters with emotional disabilities may not have these needs met. Possible repercussions include the negative outcome for the behaviorally disabled youngsters as well as the interference this inappropriate placement may create for those other youngsters in the program.

We are familiar with the havoc ED youngsters may create in the traditional school environment. A youngster whose behavior is predictably, as well as, consistently disruptive is far from pleasant to have around – especially when little or no improvement is seen. An unserved ED youngster's behavior may become worse – the attitude by significant others around him may become less tolerant and less likely to provide help. We see this often when we try to convince members of a community of the need to provide appropriate alternatives in education, for a youngster whose behavior is causing problems in the community. We may have to deal with many negative feelings expressed by those

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6. *Iowa Perspective*, Iowa Department of Public Instruction, May, 1976.

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ho have worked with the youngster – feelings fueled by the years of lack of improvement of behavior and no services available. In this we may face a situation analogous to that described by Keniston[7] who states:

> Given the American belief that a man through hard work could rise to the top, it followed that those who remained on the bottom were less virtuous than those on the top. The poor in America have traditionally been seen as wanting in character or merit, and offer as a dangerous influence even on their own children, who would be better trained in "good families," where prosperity attested to virtue, or in schools dominated by the values of the well-to-do.

One final word on the repercussions of not identifying. In our state we are charged with establishing programs where few existed before. In order to do so we must establish a need for such programs. Once a youngster has been identified, an appropriate program must be provided. However, if such a youngster is not properly identified we cannot insist upon planning such a program nor can the local district count on financial assistance with which to conduct such a program. Another component of this particular problem is our need, at the state level, for accurate data for which to plan programs. Only by having such data can we actively strive to develop the programs we need on a state-wide basis.

A couple more thoughts before ending. First, we must cept that we are making judgments about the ceptability of behavior. Albert Bandura, perhaps best known for his work dealing with modeling behavior, states:[8]

> The designation of behavior as pathological does involve social judgments that are influenced by, among other factors, the normative standards of a person making the judgments, the social context in which the behavior is exhibited, certain attributes of the behavior, and numerous characteristics of the deviator himself.

Or, as expressed in rhetorical manner by Rhodes:[9]

> If a tree crashes in the forest, but there is no human receptor apparatus to be activated by the subsequent sound waves, is there a noise? Is the sound relied in the crashing tree which sets up the sound wave, does it reside in the receptor mechanism, or is it a product of both? We might ask the same question about emotional disturbance. When an individual lives or behaves in a disturbing fashion, does the disturbance exist without a reactor group to register the condition? Does the disturbance reside in the child, the reactor, or is it a part of both?

Now that I have managed to sufficiently confuse the issue I would like to present one other concept. Of all the behaviors that we have described as possibly being indicative of emotional disabilities, we see behaviors interfering with the "behavioral freedom" of such students. Behavioral freedom, not in the sense of a license to create havoc in our school classrooms, but rather freedom to grow into mature productive adults. Or put another way is Lazarus:[10]

> "Contrary to popular belief, the result of emotional freedom is not alienation or increased vulnerability, but decreased anxiety, close and meaningful relationships, self-respect, and social activity."

Bower has perhaps best summarized this goal:[11]

> Certainly there are at present no magic buttons which we can push to ensure increased amount of emotional maturity for our future citizens. It would seem most profitable, however, to attach the problem of enhancing personality growth at definite points with specific programs for action in evaluation. Or, if there is a potential for magic it relies in the resiliency of the child.

In summary, this paper has addressed the issue of identifying youngsters in our state with emotional disabilities. The importance of appropriately identifying these youngsters as well as providing needed programs is articulated by Morse:[12]

> The importance of the school in mental health comes from the fact that it is the only professionally staffed agency which sees all children, and thus can serve a screening function as well as provide more diagnostic and treatment services for those with serious problems. Schools have group life, a vast range of possible activities, many caring adults and a mandate to use these resources for the welfare of all children, even the deviant child. We have the growing resources of special education for the emotionally disturbed. And the problems of social emotional deviance cannot be ignored even if we tried to ignore them in a fractured society as ours is, neglect cannot be tolerated. A major investment in the adjustment of our children and youth must be forthcoming. We cannot afford anything less than an intensive effort. The quality of this effort will be dependent upon a new style and higher level of diagnosis in the schools.

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[7] Kenneth Keniston, "Good Children (Our Own), Bad Children er People's), and the Horrible Work Ethic," *Yale Alumni Magazine*, April, 1974, pp. 6–10.

[8] Albert Bandura, *Principles of Behavior Modification*, (New York: Holt, Rinehart and Winston, Inc., 1969), p. 3.

[9] William C. Rhodes, "The Disturbing Child: A Problem of Ecological Management," *Exceptional Children*, Vol. 33, 1967, pp. 449–455.

[10] Arnold A. Lazarus, *Behavior Therapy and Beyond*, (New York: McGraw-Hill, 1971).

[11] Eli M. Bower, "A Process for Identifying Disturbed Children," *Children*, Vol. 4, No. 4, 1957, pp. 143–147.

[12] William C. Morse, "Concepts Related to Diagnosis of Emotional Impairment," *State of the Art*, eds. Kramer and Rosonke, USOE, HEW, 1974.

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AREA: Assessment Observation
LEVEL: PIJS
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1
PROCEDURE: This observational format is one frequently used by observers in the Dubuque School District

10-MINUTE INTERVAL BEHAVIORAL CHART

OBSERVATION OF: ______________________ AGE: ____________ GRADE: ____________

OBSERVED BY: ______________________ DATE: ____________

ACTIVITY: ______________________ TYPE OF TASK (check one): INSTRUCTIONAL ______ SEATWORK ______
GROUP ______ INDIVIDUAL ______

	10 sec.																																			
TOI																																				
TOD																																				
TRD																																				
OS																																				
TO																																				
H																																				
D																																				
						1 MIN.						2						3						4						5						6

TOI																								
TOD																								
TRD																								
OS																								
TO																								
H																								
D																								
						7						8						9						10

CODE:
TOI - Task Oriented Independent Behavior Child is working by self on task.
TOD - Task Oriented Dependent Behavior Working with teacher or task.
TRD - Task Related Deviancy-drops pencil, sharpens pencil, gets out materials.
OS - Out Of Seat.
TO - Talks Out.
H - Hand Raised.
D - Distraction-Looks up from work.

AREA: Characteristics
LEVEL: PIJS
SOURCE: Submitted by Patricia Wells, ED Consultant, Keystone AEA #1
PROCEDURE: The behaviors outlined here simply present 4 basic patterns which may be seen in students with emotional disorders. As with any listing of characteristics, the reader must consider the quantity and frequency of behaviors being exhibited.

FOUR (4) BASIC BEHAVIORAL PATTERNS FOR EMOTIONALLY DISABLED STUDENTS

- ACTING-OUT BEHAVIORS
- WITHDRAWING BEHAVIORS
- DEFENSIVE BEHAVIORS
- DISORGANIZED BEHAVIORS

COMMON TEACHER DESCRIPTIONS OF ACTING-OUT BEHAVIORS

1) Talks out in class without regard for others
2) Does not attend to classroom directions
3) Often does not listen
4) Exhibits out of seat behavior
5) Touches or pushes others in an irritating fashion
6) Is easily distracted
7) Physically and verbally aggressive in behavior toward others
8) Slams doors
9) Talks back to the teacher and other authority figures
10) Often has temper tantrums
11) Makes loud noises, yells in the classroom or hallway
12) Swears
13) Exhibits argumentative behavior
14) Hurts other children
15) Refuses to cooperate
16) Is stubborn and disrespectful
17) Is always goofing around
18) Interrupts everyone
19) Harasses other children
20) Is unable to control anger
21) Exhibits rowdiness
22) Must always be first in line
23) Fights
24) Refuses to work
25) Child is out of control

WITHDRAWING BEHAVIORS

1) Not responding when spoken to
2) Thumb-sucking, chewing on pencils or chewing on clothing
3) Failure to talk even though the skills to talk are properly developed

4) Rocking or other self-stimulating behaviors
5) Attending to objects, animals or toys rather than to people
6) Sitting or playing alone when other children are nearby
7) Frequent complaints of illness with no physical basis

DEFENSIVE BEHAVIORS

1) Unwillingness to accept assignments
2) Forgetting or not doing homework
3) Avoidance behaviors in the classroom
4) Losing things such as papers, homework, clothes, etc.
5) Exhibiting an I-don't-care attitude when faced with failure
6) Crying behavior and frustration
7) Manipulation behavior to the situation
8) Lack of responsibility and attending in school
9) Compulsive eating
10) Tattling behavior
11) Asking questions after being given an assignment
12) Excuses such as "I'm too tired to work" or "I can't remember"
13) Out of seat behavior
14) Playing with objects in school
15) Missing school
16) Becoming ill at specific times during the day
17) Wetting pants to avoid something in the classroom
18) Coming in late for class
19) Running away from school
20) Messy work
21) Cheating
22) Daydreaming
23) Sleeping during class
24) Giving unreasonable answers
25) Lying

DISORGANIZED BEHAVIORS

1) Difficulty following written and oral directions
2) Loses books, materials, personal belongings
3) Difficulty ordering events
4) Unaware of time
5) Inability to learn and follow the daily routine
6) Wanders aimlessly
7) Purposeless behavior; doesn't know why or where he/she is
8) Seemingly unintentional disrespect for others
9) Doesn't seek help when needed
10) A great deal of scatter in performance
11) Does not remember newly acquired skills
12) Does not remember class rules
13) Interrupts others
14) Makes irrelevant statements or asks inappropriate questions
15) Poor self-care
16) Often an outcast
17) Poor social skills
18) Appears unmotivated
19) Poor visual-motor skills
20) Doesn't follow normal progression on page

AREA: Identification -- characteristics
LEVEL: PIJS
SOURCE: Provided by Patricia Wells, ED Consultant, Keystone AEA
PROCEDURE: The following traits are commonly seen in ED students. Corrective methods are given which may help to change the undesirable characteristics.

CHARACTERISTICS - METHODOLOGY

1. DISORGANIZED: Highly organized work area
   Predictable routine
   Student schedules

2. UNMOTIVATED: Externally supplied motivation preceeding tasks
   Goal-oriented instruction
   Active participation in instruction
   Animated instruction
   Incentives
   Provide immediate feedback
   Positive learning environment

3. POOR SELF-CONCEPT: Success!! Behavioral and academic
   Goal-oriented learning approach
   Reinforcement
   Immediate feedback
   Accentuate attributes; build on strengths
   Acceptance of student

4. DISTRACTIBLE: Study carrels
   Quiet environment
   Organized work area, void of unnecessary objects
   Lessons allowing for a variety of activity levels
   Ample motivation, active participation

5. WEAK AUTOMATIZATION: Supply structure/reminders, crutches for routine behaviors
   Review & re-instruct
   Distributed practice
   Overlearning
   Variety of learning modes

6. HIGH ACTIVITY LEVEL: Vary activity level of lesson
   Shorter learning tasks
   Increase motivation

7. IMPULSIVE: Teach to stop, think, then act
   Logical, natural consequences
   Clear rules & expectations

8. PERSEVERATION: Extinction
   Minimal change

9. EMOTIONAL VULNERABILITY: Clear class rules
   Reality therapy
   Extinction
   Role playing

10. LEARNING DIFFERENCES: Instructional modifications

AREA: Identification
SOURCE: Carl Smith, ED Consultant, Department of Public Instruction
PROCEDURE: Differentiation of ED and LD problems requires careful diagnostic skills. The following chart provides some general guidelines to help determine the "primary" disability area.

EMOTIONAL DISABILITIES AND LEARNING DISABILITIES

DIFFERENTIATION*

1. Academic deficiencies are believed to be the result of inappropriate or interfering behaviors in the classroom.	1. Academic deficiencies are not the result of behavior, but deficits in psychological processes.
2. Behavior does not seem to respond to traditional classroom controls.	2. Although behavior may be inappropriate at times, it does respond to traditional controls.
3. Achievement and WISC profiles are often consistent though may be depressed.	3. Sporatic performance on achievement and WISC profiles.
4. Great difficulties with interpersonal relationships.	4. Although difficulties may be noted, ability to establish and maintain satisfactory interpersonal relationships exists.
5. Consistently inappropriate behavior under normal circumstances and across various types of situations.	5. May have trouble in particular academic settings, but does quite well in other situations.

AREA: Assessment
SOURCE: Patricia Wells, ED Consultant, Keystone AEA #1
PROCEDURE: The diagnosis of emotional disability generally focuses on behaviors, but the educational component is often a significant deficit area also. The following suggestions are useful in assessing a student's academic needs.

WHAT ACADEMIC INFORMATION IS HELPFUL IN DIAGNOSING EMOTIONAL DISABILITIES?

1. Present level of knowledge or skill - What is the pupil's current achievement level?

2. Expectancy level of knowledge of skill - What could reasonably be expected with his/her capacity?

3. Rate of learning, particularly noting changes in pattern - Has the student been acquiring knowledge at a consistent rate over time?

4. Specific learning difficulties and/or learning style - Are there special learning problems? If so, are they indicative of another disability?

5. Level of motivation - What is the pupil's current level of motivation on academic related materials?

6. Prior academic related interventions - What classroom and academic modifications have been tried by the teacher and her support staff?

AREA: Assessment
PROCEDURE: The following characteristics may be present in the language of ED students.

LANGUAGE DISTURBANCES IN TESTING INDICATIVE OF EMOTIONAL DISABILITIES

1. RAMBLING - Incoherent talk; off task

2. CLANG ASSOCIATIONS - Association of words or ideas with words because of similarity in sound; seen in psychosis

3. CIRCUMLOCUTION - Round about manner of speaking

4. OVER ELABORATION - Extensive clarification or examples

5. SELF REFERENCE - Talking about self; consistently bringing topic around to one's self

AUTHOR: J.M. Sattlr, Assessment of Children's Intelligence, W. B. Saunders Co. 1974, pages 258-259.

CHARACTERISTICS INDICATIVE OF EMOTIONAL DISABILITIES IN LANGUAGE TESTING

1. Infantile language patterns that are not consistent with the overall potential of the child.

2. Language patterns that change significantly in both quality and quantity from one environment to another.

3. The persistence of echolalic and monologue speech to the exclusion of socialized speech behavior beyond the fourth year.

4. Atypical patterns of tonal quality, along with restricted or bizarre characteristics of emotional expression -- generally, a lack of crying and laughing or strange patterns thereof.

5. Conversations filled with "tangential" remarks and responses. Eisenson (1963) explains tangential responses as replies which speak to an incidental aspect of a statement but disregard the meaning.

6. Speaking too much or too little in a given circumstance is a warning signal. Child-rearing practices no longer stress that children should be seen but not heard, and the mute child should be earnestly encouraged to communicate in the testing situation. If, on the other hand, a child is exceedingly verbal to the point of obsession, this too may be diagnostically significant.

7. Language is an extension of the thought process, and therefore the diagnostician must look at the logic and organization displayed.

8. A disinterest in people or communication, together with a preoccupation with mechanical objects, is typical of this group.

Author:

Lon L. Emerick and John T. Hatten, Diagnosis and Evaluation in Speech Pathology, Second Edition (Englewood Cliffs: Prentice-Hall, Inc., 1979), p. 133.

SPOKEN LANGUAGE DISABILITIES IN EMOTIONALLY DISTURBED CHILDREN

A. Language Characteristics of the Emotionally Disturbed Child

1. General characteristics

    a. The speech pattern in a child can be indicative of an underlying emotional problem, e.g., echolalia may indicate schizophrenia.

    b. The feelings of an emotionally disturbed child are not always transmitted into language. It may be nonverbal communication or the feeling may remain unexpressed.

    c. An emotionally disturbed child may not use language to communicate because he has a lack of need to share social experience.

    d. Distortions in language do not always represent distortions in feeling or emotional problems, e.g., aphasic may use unusual language which does not accurately reflect his feelings or thinking.

2. Specific Characteristics

    a. Wooden features, absence of facial expression in schizophrenics

    b. Absence of intent or desire to communicate

    c. Use of body language instead of verbal to communicate

    d. Stuttering as an expression of anxiety

    e. Reticence or absence of communication, sometimes only in some situations (voluntary mutism)

    f. Inappropriate, irrelevant, insensitive use of language, but cognitive understanding may be unimpaired

    g. Speech is less comprehensible and contains evidence of inappropriate affect

    h. Speech is more affected by stress than that of normal child

    i. Continually whispered, intermittently phonated or unnecessarily loud speech

B. Theoretical point of view about language disabilities of emotionally disturbed children

1. Language problems in disturbed children are looked upon primarily as a result of or symptom of emotional disorders.

2. Language disorders (aphasia, stuttering) may cause additional emotional problems.

3. Lack of normal identification of self and others, internalization of environmental stimuli and meanings, and emotional attachment to others will likely cause severe language impairment.

Author: DeRuiter, Dr. James. Language Characteristics of Emotionally Disturbed and Learning Disabled Children. Unpublished paper.

AREA: Assessment-Observation
LEVEL: PIJS
SOURCE: H. Walker
PROCEDURE: (See examples and format) Accurate observation of ED students is essential for both diagnostic and corrective purposes. Many possible formats and techniques are available. This handbook has selected the Walker format as one example.

EXAMPLE I: WALKER CLASSROOM OBSERVATION SYSTEM

Original Code System

The simple code proposed by Walker (1978) used the following code variables:

Child Behavior:	+ Appropriate - Inappropriate
Teacher Consequences:	0 Praise / Disapproval

With this procedure, one child is recorded at a given time, with coding occurring on a grid (shown below) at 10-second intervals.

Figure 1

Pupil....................School..................
Teacher..................Date....................
Classroom Activity..............................
Time Start:..............Time Stop:.............
Total Time:..............

Child Behavior	+ Appropriate - Inappropriate
Teacher Consequences	0 Praise / Disapproval

Instructions: Code child's behavior as appropriate or inappropriate by recording a "+" or a "-" in each successive 10-second interval. Record teacher consequences in the same interval, if they occur, by using a circle (0) for praise and a slash (/) for disapproval.

Consecutive 10-Second Intervals

+	-	⌿	⊕	+	-													3"
																		6"
																		9"
																		12"
																		15"
																		18"
																		21"
																		24"
																		27"

WALKER BEHAVIOR OBSERVATION FORM*

Student________________________ School________________________

Teacher________________________ Date________________________

Classroom Activity____

Time Start________________________ Time Stop________________________

Total Time________________________ Interval Duration________________________

Behavior Specification____________
____
____
____
____
____

Child Behavior + Appropriate
- Inappropriate

Teacher Consequence O Reinforcing
/ Disapproving

Target																				
Peer																				

Target																				
Peer																				

Target																				
Peer																				

Target																				
Peer																				

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* Based on Walker, Hill. Observing and Recording Child Behavior in the Classroom; Skills for Professionals. Iowa Department of Public Instruction: Iowa Perspective, October, 1978.

* Modified by Gail Fitzgerald to allow student-peer comparisons and specifications of precise behaviors to be counted.

* Taken from The Identification of Emotionally Disabled Pupils: Data and Decision Making, Iowa Department of Public Instruction. September, 1979.

WALKER BEHAVIOR OBSERVATION FORM*

Student Target Tricia

School

Teacher

Date

Classroom Activity Resource Room - Skill Class

Time Start 9:10

Time Stop 9:30

Total Time 20 minutes

Interval Duration 5 seconds

Behavior Specification

Child Behavior + Appropriate
- Inappropriate

+ on-task

N noise off-task

M motor off-task

P passive off-task

NC name-calling

Teacher Consequence 0 Reinforcing
/ Disapproving

Target	+	+	P	P	P	N	N	N	N	N̸	NC	M	M	M̸	NC	N	M	+	⊕	+	+	+	M	NC
Peer	N	+	⊕	+	⊕	M	+	⊕	+	⊕	+	⊕	P	P	N̸	M	P	+	⊕	+	N	⊕	+	P

Target	P	P	M	M	+	+	+	N	N	N	N	N	+	⊕	+	+	M	M	M	P	P	P	P	N
Peer	⊕	+	⊕	M	+	NC	⊕	+	P	P	⊕	N	+	⊕	P	+	⊕	+	⊕	+	⊕	+	⊕	P

Target	+	N	+	+	+	+	P̸	NC	NC	N														
Peer	N̸	+	⊕	+	⊕	+	⊕	+	⊕	NC														

Target																								
Peer																								

* Based on Walker, Hill. Observing and Recording Child Behavior in the Classroom; Skills for Professionals. Iowa Department of Public Instruction: Iowa Perspective, October, 1978.

* Modified by Gail Fitzgerald to allow student-peer comparisons and specifications of precise behaviors to be counted.

* Taken from The Identification of Emotionally Disabled Pupils: Data and Decision Making, Iowa Department of Public Instruction. September, 1979.

Target																																			
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Student: School

Teacher: Date

Classroom Activity

Time Start Time Stop

Total Time Interval Duration

Comments:

Child Behavior + Appropriate
- Inappropriate

Teacher Consequence 0 Reinforcing
/ Disapproving

Target												
Peer												

Target												
Peer												

Target												
Peer												

Target												
Peer												

Target												
Peer												

Child/Peer

AREA: Assessment-Observation
LEVEL: PIJS
SOURCE: Southern Prairie AEA
PROCEDURE: The SOS system is explained in detail on the following pages. It is an example of a useful, comprehensive observational tool.

STRUCTURED OBSERVATION SYSTEM (SOS)

COMPILED BY: David Quinn, Special Education Consultant
Celia Zinser, Supervisor, Instructional Services

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INSTRUCTIONAL SERVICES SPECIAL EDUCATION
SOUTHERN PRAIRIE AEA

INTRODUCTION TO SOS

The Southern Prairie Structured Observation System (SOS) was designed by the work experience instructors, the special education consultants, and their supervisor, Celia Zinser. Gail Fitzgerald of the University of Iowa Hospitals and Clinics provided much assistance and leadership in the development of the SOS. The SOS is adapted from the Classroom Behavior Record of which Ms. Fitzgerald was the Project Director.

The SOS is intended to provide an objective and reliable description of a student's behavior. It may be used in the identification of handicapped students. It may also be used to evaluate the effectiveness of educational and behavioral interventions. A third use may be to establish reasonable change goals for the subject's behavior.

The SOS is an interval recording system. Its effectiveness depends upon the observer's skills. An observer must be trained in its use. The relatively complex recording code and recording procedures require the observer to practice before reliable observation results can be assumed.

The SOS is intended for professional purposes only. The observer must adhere to all ethical practices applied to the use of other diagnostic instruments. This observation system focuses on the individual child, but as an additional feature it provides a basis for comparison of the individual child's behavior with the composite peer behavior.

STRUCTURED OBSERVATION SYSTEM (SOS) CODE

AT	ATTEND, ON-TASK
CO	COMPLY
II	INDIVIDUAL INSTRUCTION
CC	CONTRIBUTE TO CLASS
PT	POSITIVE INTERACTION WITH TEACHER
PP	POSITIVE INTERACTION WITH PEER
V1	
V2	

FT	FAIL TO ATTEND, OFF-TASK
FC	FAIL TO COMPLY
NY	NOISY VOCALIZATION
NM	NEGATIVE MOTOR
NT	NEGATIVE INTERACTION WITH TEACHER
NP	NEGATIVE INTERACTION WITH PEER
V4	
V5	

/	APPROVAL GAINED
X	DISAPPROVAL GAINED

POSITIVE BEHAVIORS TO BE INCREASED

(S = student, P = peer, T = teacher)

AT--ATTEND, ON TASK

On-task, non-verbal school related behavior. Student attends to material or activities assigned or approved by the Teacher.

Examples - S watches P write spelling word on board.
- S works puzzle with T permission.
- S works math sheet.

Non-Examples - S talks with T about assignment on individual basis (II).
- S gives report on elephants (CC).
- S looks at goldfish while P recites (FT).

Low-level noises that are not preoccupying or intrusive on others and do not distract the Student from his otherwise on-task, attending behavior are also coded AT. To distinguish AT from NY, note if P or T in nearby vicinity has attended to the noise.

Examples - S makes happy sounds while manipulating puzzle pieces.
- S counts quietly to self while doing math worksheet.
- S whispers self-instructions to guide handwriting practice.

Non-Examples - S attempts to imitate words modeled by the speech clinician (II).
- S attempts to sing along with record during music class (CC).
- S makes low-level humming noise to point of distracting others during seatwork (NY).
- S talks unintelligibly to self while staring off (FT).

Also code as AT repetitive fine or gross motor behaviors (such as shaking a pencil or wiggling legs) that are not preoccupying or intrusive on others and do not distract the student from his otherwise on-task, attending behavior. To distinguish AT from NM, note if P or T within peripheral view has obviously attended to the behavior.

Examples - S twists hair while reading lesson.
- S jiggles foot while watching demonstration.

Non-Examples - S continuously twists hair and does not attend to school work (FT).
- S jiggles foot during demonstration to the point of attracting another child's attention (NM).

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CO--COMPLY

Compliance with a verbal or non-verbal direction, command, threat or rule made to the Student individually or as one of a group. Code only in the first interval compliance reasonably expected after each command.

To be coded CO, a behavior must be the same one clearly signaled or said by another, in this case, usually, the Teacher. Compliance is to be coded to describe prompt acquiescence to a command, request, or rule, not the behavior performed in the compliance. CO does not include requests for academic feedback. CO is coded in preference to other appropriate behaviors observed in an interval. If the student is observed to have begun the desired behavior within 3 seconds of the termination of the command, code CO. If the student's interval is over too quickly to make that determination, and if at the start of his next interval he is judged to be in the act of compliance and that is the most salient behavior codable throughout the 6 seconds, CO may be coded for one interval. Therefore, "prompt acquiescence" may be defined as a behavior starting within 3 to 9 seconds that was directly stimulated by another's command.

Examples - T: "Class, please take out your notebooks."
S opens desk and reaches for book within 3 seconds.
- T: "John, be quiet!"
S finishes sentence and is quiet.
- T shakes head and puts finger to lips. S stops talking.

Non-Examples - T: "John, tell us what 4 x 4 is."
S: "16" (CC)
- T: "John, be quiet!"
S does not within 3 seconds. (FC in 1st S interval; NT in next if S still talking.)

II--INDIVIDUAL INSTRUCTION

Instructional interaction between Teacher and Student around academic content. Student is the sole focus of Teacher's instruction either in 1:1 format or sequential tutoring format. Student behaviors include listening, questioning, answering, following instructional directions, and receiving teacher feedback.

Examples - T assists S with math worksheet.
- T gives direction to S on individual basis.
- T drills S on word cards.
- T assists S with puzzle while peer at table works independently.

Non-Examples - S contributes answer to reading group. (CC)
- T gives class directions for assignment. (AT or FT followed by CO or FC)
- S tells T about incident outside of school. (PT

II also includes physical intervention by an adult to direct a student's attention, mold his response, or posture him through a desired behavior.

Examples - T takes hold of S's chin, turns her head toward T and says, "Look at me.
- T hold S's hand as he prints his name.
- T slides S on his chair into working position at the table.

Non-Examples - T says "Look at me," twice and S does not. (FC) T says crossly, "I said, look at me," and turns her head sharply toward her. (NT)
- T holds S's hand to prevent him from hitting peer. (NP)
- T slides S's chair into a corner with disapproving comments. (NT)

CC--CONTRIBUTE TO CLASS

Verbal or non-verbal response to Teacher stimuli in class group setting. Student raises hand or offers information related to on-going academic activity in answer to a Teacher's general question or participates in a group response.

Examples - T: "Who discovered America - Everybody."
S and others: "Columbus."
- T: "Who wants to wash the board?"
S raises hand.
- S sings and claps rhythm in music class.

Non-Examples - S answers T's question during 1:1 work at desk. (II)
- T: "Who discovered America - Everybody."
S: "My dog"; Others: "Columbus." (NT)

PT--POSITIVE INTERACTION WITH TEACHER

Verbal or non-verbal interaction with Teacher that is school-appropriate. Student has Teacher's attention on an individualized basis in a context that is Teacher-approved but non-academic in nature.

Examples - S tells T story about home if encouraged by T to do so.
- T holds S's hand at recess.
- S discusses personal problem with T.

Non-Examples - S receives help at his desk on worksheet. (II)
- S interrupts T's work with P to tell story about home. (NT)
- T calls S's name for asking general question, "Who knows?" Joan raises hand and is called on. (CC)

Also code as PT any positive interaction initiated or attempted by Student to Teacher, but not in conjunction with verbal contribution to class (CC) or as part of individual instruction. (II)

Examples - S raises hand for help with seat work.
- S approaches T's desk with book in hand.
- S takes T's hand when walking down hall.

Non-Examples - S approaches T, sticks out tongue. (NT)

PP--POSITIVE INTERACTION WITH PEER

Verbal or non-verbal interaction with Peer(s) that is not in violation of classroom rules. Student works with others on material or activities assigned or approved by the teacher.

Examples - S talks with P about organizing a notebook.
- S drills P on flashcards.
- S and P talk quietly while painting mural.

Non-Examples - S and P talk quietly instead of painting mural. (NP)

V1 V2--VARIABLES 1 AND 2

Specific behavior or combination of behaviors of Subject or Peer selected for tracking because it is unusual or significant in a given observation or not adequately described in the routine behavior code. Usually given precedence over other coding options possible during interval. The behavior must be fully described in accompanying memo.

Examples - T makes use of planned ignoring as management technique. Student ignores negative behavior of classmate. (V1)
- T sits with children in sandbox at recess to encourage language, imaginative play. V1 coded for each interval S displays appropriate sandbox play.
- S eats and disposes of lunch tray appropriately. (V1I)
- S engages in appropriate recess play. (V1)

NEGATIVE BEHAVIORS TO BE DECREASED

(S = student, P = peer, T = teacher)

FT--FAIL TO ATTEND, OFF-TASK

Non-verbal behavior. Student attends to materials or activities other than those assigned or approved by the Teacher. Fiddling with materials, daydreamy or spacey behavior: looking around with wandering gaze or preoccupied stare.

Examples - S draws picture instead of studying spelling words.
- S watches P do puzzle instead of doing worksheet.
- S looks at pictures in back of book instead of reading assigned passage.
- S looks aimlessly around room.
- S picks at pencil point instead of writing.

Non-Examples - S talks to P instead of working. (NP)
- S bangs desk lid up and down. (NM)

FC--FAIL TO COMPLY

Failure to comply with a verbal or non-verbal direction, command, threat or rule made to the Student individually or as one of a group. Code only in the first interval compliance is reasonably expected after each command.

Compliance is to be coded to describe prompt acquiescence to a command, request, or rule within 3 to 9 seconds depending upon the interval termination. Failure to comply is the lack of such prompt acquiescence. If the requested behavior begins, but only after repeated nagging prompts, or is delayed past the 3-9 seconds, FC is coded. As in CO, FC is coded in preference to other behaviors occurring jointly. To code FC, the Observer must judge the command to have been heard and understood by the child.

Examples - T: "Put your crayons away," in loud, clear voice. Class puts crayons away but Mary continues to color.
- T: "Get up, John." S stays on floor and says, "I don't feel like it."
- S begins prompt acquiescence but within interval stops compliance behavior.

Non-Example - T gives a long, complex direction which S begins but does not complete in interval. (CO)

NY--NOISY VOCALIZATION

Excessively loud or inappropriate sound. May be a respiratory or other meaningless vocalization, laughter, shouting or yelling. Vocalization may be appropriate but uttered so loudly as to be disruptive, or noise may be soft but noxious. To code NY, the noise level must be the most salient characteristic of the behavior.

Examples - S makes audible engine sound while running pretend car on desk.
- S hics loudly enough to attract attention from peers.

Non-Examples - S shouts at T: "You stink!" (NT)

Also code NY behaviors of a nature and intensity associated with tantrums whether auditory (crying, screaming) or physical (stamping feet, falling on floor). All behaviors of the quality associated with the full range of crying, from quiet whimpering to loud sobbing or wailing. May include verbal attempts to solicit help (complaints, or explanations of what's wrong), but must include crying sounds and facial expressions. When crying is in the same interval as other negative variables such as Negative Interaction with Peer or Teacher, code the others first as being initially salient.

Examples - S, 6, screams, "I want... I want...," repeatedly while crying and stamping his feet.
- S, 14, stomps around classroom in a rage, throwing every book she sees across the room.
- S whimpers with tears in her eyes and her mouth in a a pout.
- S cries aloud while uttering intermittent lament about being hit by Ps.

Non-Examples - S whimpers and then says, "You stupid!", to P. (NP)
- S throws his math book on the floor (NM) or at a P. (NP)

NM--NEGATIVE MOTOR

Repetitive (often unconscious or involuntary) fine or gross motor behaviors such as tapping finger or wiggling legs. Excessive (frequently gross motor) behavior, often not directed toward anyone in particular.

Behaviors which Student uses repetitively to stimulate self such as swinging feet, masturbating, flapping hands, done to the extent that attention to other ongoing activities is precluded. May be bizarre and obtrusive or minor.

Behaviors inflicted by the child on his own body that have the potential for causing substantial pain or tissue damage whether or not they appear to have actually done so. When such behaviors are accompanied by motor and vocal behaviors associated with tantrums and are incidental to them, code as Noisy Vocalization (NV); if self-abuse is the salient tantrum behavior, code as Negative Motor (NM).

To distinguish NM from AT, note if P or T within peripheral view has obviously attended to the behavior.

Examples - S stops work and begins to bite hard on the back of his hand.
- S sits in corner and repeatedly bangs head into the wall.
- S picks at skin on arm where numerous other sores appear to have been similarly caused.
- S rocks desk chair back and forth on its hind legs.
- S runs around classroom.
- S repeatedly yanks T's sleeve.
- S sits backward in his seat.
- S jiggles leg continuously while doing seat work.
- S sits on floor rocking body back and forth.
- S crumples up his school work.
- S pokes gerbil with pencil.
- S jams pencil point on desk.
- S throws piece of chalk on floor.

Non-Examples - S rolls on floor and screams. (NY)
- S briefly wipes hand across nose while reading steadily. (AT)
- S throws piece of chalk at P. (NP)

3A11

NT--NEGATIVE INTERACTION WITH TEACHER

Conversation with or non-verbal signal to Teacher that is negative or occurs when classroom rules do not allow interactions.

Examples - S repeatedly nudges T when T is busy with another child.
- S relates story about pet when called on to take turn reading.
- S argues with T over being held in for recess.
- S sticks out tongue at T.

Non-Examples - S refuses to come when called by T. (FC)

NP--NEGATIVE INTERACTION WITH PEER

Verbal or non-verbal interaction with Peers that is in violation of classroom rules. Student talks with another about non-academic subject without Teacher approval.

Behavior by student or peer that has the potential of inflicting pain whether or not the attack is actually severe enough or intended to do so. Includes jerking or wrenching objects away from another and all levels of noxious physical interaction.

Examples - S sticks foot in aisle as though to trip P.
- S is punched by P.
- S is called foul name by P.

Non-Examples - S shouts threat of aggression at T. (NT)

V4 V5--VARIABLES 4 AND 5

As with positive variables, used when Observer wishes to track selected behavior or combination of behaviors of particular importance or not adequately described in a routine behavior code. Usually given precedence over other coding options possible during interval. The behavior must be fully described in an accompanying memo.

Examples - S has one particularly intrusive mannerism and an accurate rate per minute for the entire period is desired. (V4)
- P 14 is seen regularly to stimulate aggression from S. Each instance of 14-stimulated PA is coded (V4).
- T attempts to correct tantrumming by hugging and soothing child. Such reinforced tantrumming is coded (V4).

RECORDING PROCEDURES

1. The Observer positions self where the target Student and the Peers engaged in the same general activity can all be seen. Peers' behaviors are coded in alternate intervals to the student's behaviors. When the class is engaged in an out of seat activity, keeping track of which Peer to code next may be difficult. It is important to attempt to include them all in the averaged Peer frequency counts but precision is often impossible. The Peer counts must be interpreted as very rough averages of their behavior.

2. A cassette timing device is used with a recorder and earphone. A "beep" is sounded at the end of each six second interval.

3. Observer focuses gaze on student, observes and judges which behavior code is salient during a six second interval.

4. Observer records the behavior code judged salient during that interval. Code can almost always be marked during the same six second interval as the S has been observed. If it takes longer, the observer simply begins a new six second count as soon as she/he is ready.

RULES OF PRECEDENCE

As only one behavior code may be keyed in each interval, rules of precedence must be followed.

If more than one codable behavior is observed in an interval, the most 1) inappropriate, 2) recent, or 3) salient behavior is selected and coded.

1) INAPPROPRIATENESS.

Because the incidence of problem behaviors is of particular interest to teachers, the decision is made to key the most adversive or intrusive behavior of those observed in an interval.

Examples - S is staring off into space (FT) and rocking chair vigorously back and forth (NM). Code NM.
- S makes audible engine sound (NY) and rolls eraser across desk (NM). Code NY.

2) RECENCY.

If a series of behaviors within an interval follows a logical chronological sequence, the last one observed before the beep sounds is recorded.

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Examples - S is reciting as interval starts (CC) and then speaks to the T about a non-academic matter. Code PT.
- S complies with request to sit down (CO) but complains loudly (NT). Code NT (also follows the rule of coding the more adversive behavior).

3) SALIENCE.

If two or more behaviors occur that defy the coding decisions outlined above and seem equally viable to code, determine if the behavior during the interval as a whole would be best described as Appropriate or Inappropriate. Then select the specific code in that category that most nearly describes the behavior.

Examples - S makes quiet, seemingly involuntary belching noise while attending closely to assignment. (AT)
- S makes clearly audible belch, keeping eyes on book but making no effort to repress sound. (NY)
- If S made several quiet belching noises, the coding for the same behavior would shift first from AT to NY.
- If the behavior occurred still again, the observer might consider it a unique and persistent problem and shift its coding to the first Inappropriate Variable open, i.e., V4 or V5.

The rule to code the more adversive behavior should not be interpreted as inviolable if it precludes giving a fair description of actual behavior. Acceptable or Unacceptable is the first decision to be made; an identical repeated behavior may subsequently be coded differently throughout the course of one record if it assumes different significance within the context of the setting and of the Subject's behavior in general.

5. Observer shifts gaze back to the subject and repeats the above.

6. Observer shifts gaze to Peer #2 and repeats the above.

7. Observer continues to observe and code the behavior of the subject and each peer in turn.

8. When the activity involving the subject is changed, the observer ends the recording, notes the time, and writes a brief description of the new routine and begins to code again.

9. Only those peers involved in the same general activity as the subject are recorded during that interval. For instance, the subject is doing seat work and then moves to a reading group. Other seat workers are coded for the first activity. The recording is ended for seat work and reading group members only are coded for the second activity.

10. When the subject leaves the observation area momentarily to go to the restroom, get a drink or run an errand, the coding stops until the subject returns. It is then resumed.

11. When the subject leaves the observation area for a time-out period and it is clear to the observer that that is where the student is, the observer records Failure to Comply and continues to code FC for the subject until the time-out is completed. The time-out should be noted in the narrative.

12. The observer may wish to indicate how the teacher has reacted to a subject's specific behavior. The following symbols are used to mark the code letters representing the behavior for which the approval or disapproval resulted.

/ = Approval
X = Disapproval

APPROVAL

Verbal or non-verbal approval of Student given by Teacher or Peer. Approval may or may not be individualized to Student and may or may not be contingent on specific behavior, but it must include Student. May include approval of academic performance.

Examples - S receives pat on head as T passes.
- S is told "Good for you" when gives right answer.
- Class is told "You all did a nice job on your test."
- S receives M & M or poker chip for correct answer.

Non-Examples - T in class: "Good work, all of you who are ready." (S is not. FT)

DISAPPROVAL

Verbal or non-verbal disapproval of Student academic or social behaviors given by Teacher or Peer. Disapproval may or may not be individualized to Student or contingent on specific behavior, but it must include Student. If disapproval includes a clear request for alternative behavior, Code CO or FC.

Examples - Class is told, "You guys are hopeless."
- S is told, "Wrong letter" by T.
- S is told, "Yyou're a creep," by P.
- T shakes head "No" at S when S observed whispering.

Non-Examples - T holds S's arms as S takes swing at P. (NP)
- T shakes head No at S when S is whispering and puts finger to lips. S still talks. (FC)
- S is slapped on hand or shaken by T. (NT)
- S is slugged by P. (NP)

An example of a completed SOS record form follows.

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SOS RECORD FORM

Name Sally Doe

Date 9/18/80

Page 1

Teacher Mr. Smith

In 10:05 Out 10:30 · Peers 22

Class Activity Social Studies Class . Discussion

V1: Sally raises her hand before contributing to the class.

V4: Sally fiddles with things in her desk.

V2:

V5:

Interval	Child	Peer
1	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
2	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC [✓ NY] NM NT NP 4 5
3	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
4	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
6	AT CO II CC PT [✓ PP] 1 2 FT FC NY NM NT NP 4 5	AT CO II [✓ CC] PT PP 1 2 FT FC NY NM NT NP 4 5
7	AT CO II CC PT PP [✓ 1] 2 FT FC NY NM NT NP 4 5	AT CO II CC PT [✓ PP] 1 2 FT FC NY NM NT NP 4 5
8	AT CO II [✓ CC] PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
9	AT CO II CC PT PP 1 2 [✓ FT] FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
)	AT CO II CC PT PP 1 2 FT FC NY [✓ NM] NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
11	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 [✓ FT] FC NY NM NT NP 4 5
12	AT CO II CC PT PP 1 2 FT FC NY NM NT NP [✓ 4] 5	AT CO II CC PT PP 1 2 [✓ FT] FC NY NM NT NP 4 5
13	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
14	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
15	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
16	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
17	AT CO II CC PT PP [✓ 1] 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
18	AT CO II [✓ CC] PT PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
19	AT CO II CC [✓ PT] PP 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
20	AT CO II CC PT [✓ PP] 1 2 FT FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
21	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II [✓ CC] PT PP 1 2 FT FC NY NM NT NP 4 5
22	AT CO II CC PT PP 1 2 FT FC NY NM NT NP [✓ 4] 5	AT CO II [✓ CC] PT PP 1 2 FT FC NY NM NT NP 4 5
)	AT CO II CC PT PP 1 2 [✓ FT] FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT [✓ NP] 4 5
24	AT CO II CC PT PP 1 2 FT [✓ FC] NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
25	AT CO II CC PT PP 1 2 [✓ FT] FC NY NM NT NP 4 5	[✓ AT] CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
T	11 0 0 2 1 2 2 – 3 1 0 1 0 0 2 –	17 0 0 3 0 1 0 0 2 0 1 0 0 1 – –

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SOS RECORD FORM

Name ______________________ Date ______________ Page ________

Teacher ______________________ In ______ Out ______ Peers ________

Class Activity ____

V1: ______________________ V4: ______________________

V2: ______________________ V5: ______________________

Interval	Child	Peer
1	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
2	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
3	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
4	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
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7	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
8	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
9	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
10	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
11	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
12	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
13	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
14	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
15	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
16	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
17	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
18	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
19	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
20	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
21	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
22	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
23	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
24	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
25	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5	AT CO II CC PT PP 1 2 FT FC NY NM NT NP 4 5
T	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
%		

350

DATA SUMMARY PROCEDURES

1. The information section at the top of the Data Summary Sheet should be completed. Special attention should be given to identifying the special variables (V_1, V_2, V_4, and V_5) if they are used.

2. Count the number of times each code item has been marked and record that number in the frequency (f) row for both the child and the peers. The appropriate and the inappropriate behaviors are counted and recorded separately as indicated on the Data Summary Sheet. The total number of appropriate and inappropriate behaviors respectively are recorded under the T.

3. Next a percentage of frequency of occurrence is calculated for each code item. The total percentage of appropriate behaviors and total percentage of inappropriate behaviors are also calculated. The percentage of occurrence for an individual code item is figured as follows.

$$\frac{\text{\# of times the item was recorded}}{\text{total \# of intervals the subject or peer was observed}} \times 100$$

The percentages of appropriate and inappropriate behaviors are figured similarly.

$$\frac{\text{Total of appropriate OR inappropriate behaviors}}{\text{total \# of intervals the subject or peer was observed}} \times 100$$

4. A graph of the calculated percentages may be constructed to ease the interpretation of this data. A solid line is used for the child or subject, and a broken line is used for the peers.

An example of a completed Data Summary Sheet follows.

SOS 112 AEA 15

SOS DATA SUMMARY SHEET

Name ______________________ Date ____________ Peer # ________

School ______________________ Teacher ______________________

Class ______________________ Time In __________ Out __________

Activity ______________________ V1 ______________________

______________________ V2 ______________________

______________________ V4 ______________________

Observer ______________________ V5 ______________________

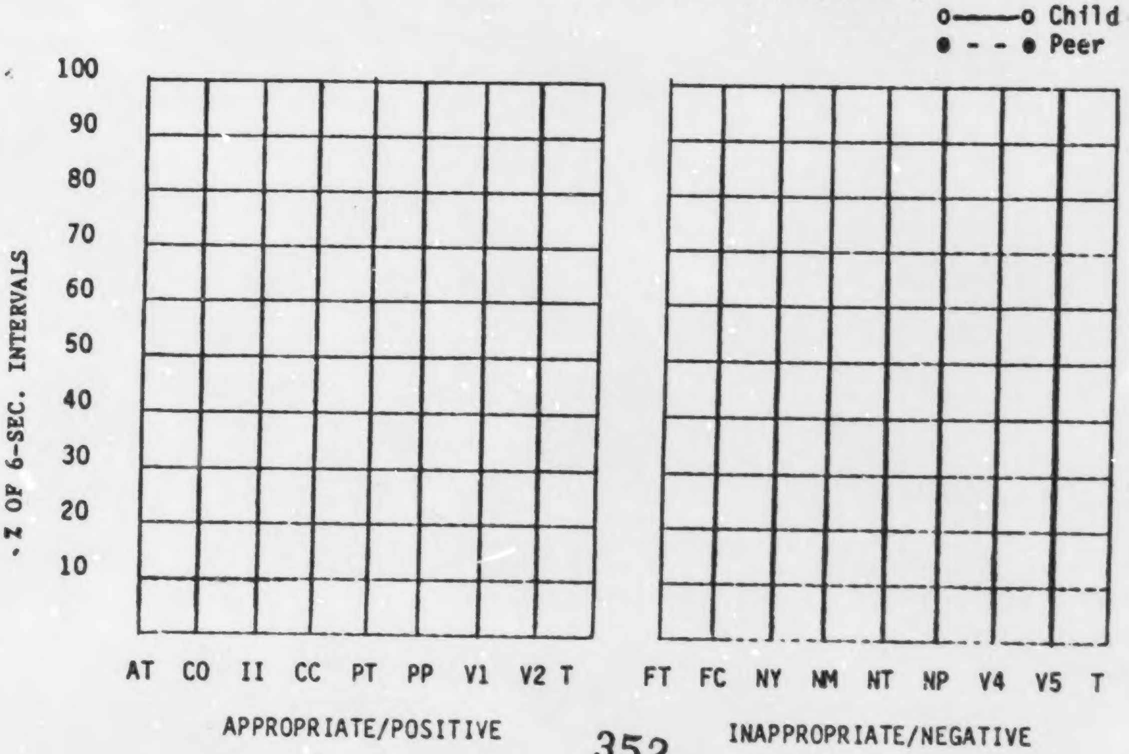
APPROPRIATE

		AT	CO	II	CC	PT	PP	V1	V2		T
CHILD	f										
	%										
PEERS	f										
	%										

INAPPROPRIATE

		FT	FC	NY	NM	NT	NP	V4	V5		T
CHILD	f										
	%										
PEERS	f										
	%										

GRAPH OF CHILD AND COMPOSITE PEER BEHAVIOR DATA



SOS 112 AEA 15

SOS DATA SUMMARY SHEET

Name Sally Doe
Date 9-18-80 Peer # 22
School Pala Elementary
Teacher Mr Smith
Class Social Studies 6th Grade
Time In 10:05 Out 10:30
Activity Class Discussion about the discovery of America
V1 Raise hand before contributing
V2
V4 Fiddles with things in desk
Observer Your Name
V5

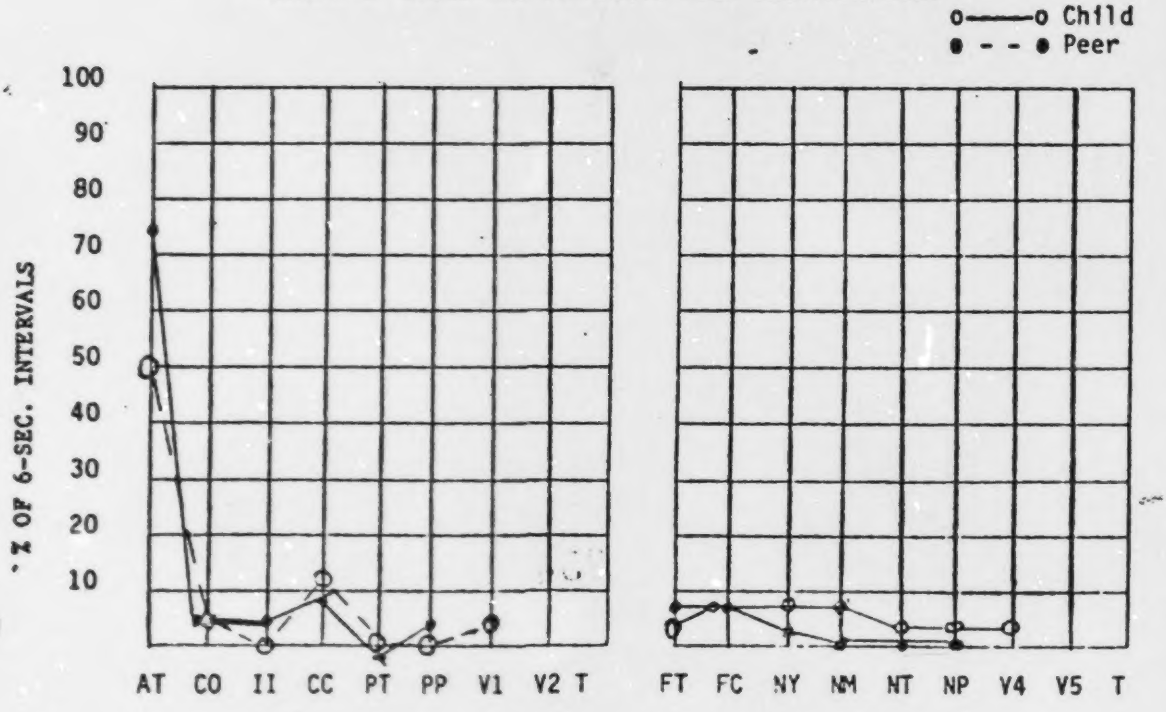
APPROPRIATE

		AT	CO	II	CC	PT	PP	V1	V2		T
CHILD	f	50	5	0	15	0	0	5	-		75
	%	40	4	0	12	0	0	4	-		60
PEERS	f	75	5	5	10	0	5	—	-		100
	%	60	4	4	8	0	4	—	-		80

INAPPROPRIATE

		FT	FC	NY	NM	NT	NP	V4	V5		T
CHILD	f	5	10	10	10	5	5	5	-		50
	%	4	8	8	8	4	4	4	—		40
PEERS	f	10	10	5	0	0	0	—	-		25
	%	8	8	4	0	0	0	-	-		20

GRAPH OF CHILD AND COMPOSITE PEER BEHAVIOR DATA



APPROPRIATE/POSITIVE

INAPPROPRIATE/NEGATIVE

OBSERVATION NARRATIVE

A short narrative should be written to help explain the results of the observation. The following items are often included.

1. Why the subject was observed.
2. Specific behaviors that were anticipated by the observer.
3. The time and place of the observation.
4. The activity(s) on which the student was working during the observation.
5. General description of the subject's behavior during the observation.
6. General description of the teacher's and peer's interactions with the subject.

The following is an example of a narrative.

This student has been integrated into an industrial class for the past few weeks. This observation was done to assess the student's behavior in that class. His teacher had indicated that the student did not stay on task long enough to complete his work.

The student was observed in Home Mechanics. The class size is approximately six to eight students. The class meets from 9:40 to 10:30 approximately. Mike was suppossed to be sanding his project and working independently.

During the observation time, Mike spent much time being off task. Even though this class structure allowed for some conversation, Mike spent more time than necessary talking to others, humming, or making sounds ...not constructive talk compared to that of his peers. Secondly, Mike spent much time in negative motor off-task behavior. This off-task behavior was in the nature of "fiddling around" with his project but not actually getting done what he was supposed to be doing. Thirdly, Mike also spent time staring out the window. His interactions with peers were neither negative nor positive. His interactions with the teacher were few and generally negative.

Selected from a narrative by:
Gary Henry
ED/CD Consultant
Southern Prairie AEA

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AIDS IN THE RECORDING AND INTERPRETING OF OBSERVATION DATA

A representative sample of the subject's behavior must be obtained. One cannot make evaluative decisions regarding a student's behavior on an isolated observation. A minimum of three observations should be made. The subject should be observed in a variety of settings.

Observation should be done as unobtrusively as possible. The subject should never be singled out from the remainder of the class. Some observers have worn dark glasses so that the students could not easily tell who was being observed.

Observers who are doing an observation for another person are not always free from bias in the observation. These observers may unknowingly produce data that are consistent with the teacher's or employer's wishes. Another danger is that the subject's behavior may become uncharacteristic if the subject realizes an observation is taking place.

The reliability of an observer's results should be checked by having another observer conduct a simultaneous observation on the same subject. These results are then compared using the following formula.

$$\frac{\text{number of agreements}}{\text{number of agreements and disagreements}} \times 100$$

A minimally acceptable agreement is 80%. Reliability checks do not have to occur each time there is an observation or for an entire observation period. Reliability data should not be combined over time periods that are to be discussed separately. For example, checks conducted during a baseline phase should not be mixed with checks conducted in an intervention phase. While this procedure is usually sufficient, one should realize that both observers could be in error, but yet in agreement.

The danger of subjectivity permeating the interpretation of observation results is a concern. One may only state the occurrence of specific behaviors. Observational data does not indicate why a behavior has occurred. It cannot explain the cause of observed behaviors.

Finally, observation is a formal diagnostic tool that demands ethical use. All of the standard practices employed when other diagnostic procedures are used must apply to observation. But regardless of these limitations and cautions, observation remains a highly useful tool for those professionals involved with exceptional persons.

MATERIALS AND EQUIPMENT

The following items are needed for completing a structured observation:

1. A tape recorder with an ear plug
2. A cassette with a "beep" recorded every six seconds
3. SOS Record Forms (One form is needed for each five minutes of observation.)
4. Pencil or pen
5. Clipboard or surface on which to write
6. Blank paper on which to take notes for narrative section of report.
7. Observation Data Summary Sheet

CREDITS

The Southern Prairie Structured Observation System is "an adaptation of an adaptation." Credit needs to be given to, at least, the following individuals:

Gail Ellen Fitzgerald, Merl D. Robinson, and Mary Nichols Arp of the University of Iowa Hospitals and Clinics, Iowa City, Iowa.

Thomas C. Lovitt and Norris Haring of the University of Washington, Seattle, Washington

Hill Walker of the University of Oregon (Observing and Recording Child Behavior in the Classroom, 1978).

Wesley Becker, et. al. (The Contingent Use of Teacher Attention and Praise in Reducing Classroom Behavioral Problems, 1976).

C.H. Madsen and C.K. Madsen. (Teaching/ Discipline: A Positive Approach for Educational Development, 1974).

AREA: Assessment
LEVEL: PI
SOURCE: Provided by Patricia Wells, ED Consultant, Keystone AEA #1

PROCEDURE: This format is useful for a structured interview session. Some evaluators jot down the responses and others prefer to record the session to allow later review. In some cases, a student may be able to provide written responses. When evaluating or interpreting responses, the following points may be helpful:

1. The inventory reflects ecological concerns; i.e. how does client view significant others in his life?

2. The interview responses may be matched with parent's and other's to determine if the client's perceptions are accurate.

3. Evaluate responses in 3 categories:

    1) positive
    2) negative
    3) neutral

4. Look for signs of anxiety and behaviors that might be diagnostically significant.

5. Getting information depends largely on trust.

6. Impress upon the client that exact responses are confidential.

7. Word questions so as not to get only "yes" or "no" answers.

GALLIAN INCOMPLETE SENTENCES

NAME: ______________ GRADE: ______ AGE: ______ DATE: ______________

1. In sports . . .

2. My favorite sport . . .

3. I think that school . . .

4. My best friend is . . .

5. I am unhappy sometimes because . . .

6. The thing that bothers me most is . . .

7. When my father says "mad words" at me . . .

8. My school work . . .

9. When my sister and I argue I . . .

10. Boys . . .

11. Girls . . .

12. Close friends are needed when . . .

13. Sometimes . . .

14. When my mother says "mad words" at me . . .

15. When my parents argue I . . .

16. In arithmetic . . .

17. when my brother and I argue I . . .

18. When my father gets mad at me I . . .

19. My older sisters always get to . . .

20. My teacher thinks . . .

21. Reading . . .

22. When my mother gets mad at me I . . .

23. My older sister thinks that . . .

24. My friends . . .

25. I am afraid when . . .

26. When I become upset or mad, usually it is because . . .

27. My father . . .

28. My older brother always . . .

29. My younger brother always . . .

30. My mother . . .

31. Sometimes I get so mad . . .

32. Usually when I play with my friends . . .

33. When I think of school . . .

34. The principal . . .

35. When my teacher gets mad at me I . . .

36. My spelling . . .

37. My handwriting . . .

38. My art work . . .

39. Singing songs . . .

40. I wish I could be like ____________________ because . . .

41. The most fun I have is when . . .

42. I don't like . . .

43. When I talk . . .

44. Of all the things in the world, I would like to . . .

45. People usually have it in for me because . . .

46. I usually get blamed when . . .

47. If I had three wishes . . .

48. I like . . .

49. Television . . .

50. I dislike . . .

NAME ______________________________ DATE ______________________

INVENTORY OF CLIENT INTERESTS AND ATTITUDES
Adolescent Form

1. What do you think is the reason for your being here?

2. What do you think is the cause of your difficulty?

3. Do you like school? What do you like best? What do you like least?

4. What subjects do you like best? Why?

5. What subjects do you like least? Why?

6. How much time do you spend on homework? Do you get help?

7. Do you like your teachers?

8. Where do you get your spending money?

9. What do you generally use your money for?

10. Do you have any personal interests or hobbies?

11. What type of movies and television programs do you like?

12. Do you go to the movies and watch television much?

13. What do you usually do with your free time?

14. If it was possible to have any three wishes or things you wanted, what would they be?

15. If you could go somewhere else and do something different, what would you do?

16. Do you belong to any clubs or organizations at school or church?

17. Who do you like to spend time with after school or on weekends?

18. What do you and your friends usually do for entertainment?

19. Do you have as much time with your friends as you would like?

20. Do you and your brothers and sisters have any activities together?

21. What activities does your family do together?

22. Do you and your mother ever do anything together?

23. Do you and your father ever do anything together?

24. What jobs are you responsible for around home?

25. Do you feel that your parents allow you enough freedom?

26. Do your parents allow you to express your opinions and views on things that have to do with the family?

    Do they listen to your opinions?

AREA: Assessment-Observation
SOURCE: Provided by Dr. Joe Hendrickson, Dubuque Coordinator, Keystone AEA #1
PROCEDURE: This simple format provides a structured format to assess classroom characteristics as well as individual behaviors.

CLASSROOM OBSERVATION FORM

DATE: ________________ TIME: ________________ TEACHER: ____________________

Physical Environment

1. Number of children in the class __________?
2. Number of teachers and aides in the class __________?
3. Classroom is self-contained __________, integrated __________?
4. Grade level __________?
5. What is the observed child's seating arrangement __________?
6. The teacher spends the majority of time at her desk __________, moving around __________?
7. On going activities that can be observed?
   Small Group __________ Learning Centers __________
   Varied __________ Individual Instruction __________
8. Does child change rooms for other activities?
   P.E. ________ Speech ________ Science ________ Lunch ________
   Music ________ Art ________ Social Studies ________ Other ________
9. How many recesses or breaks does he have __________?
10. Are there structured physical education activities __________?
11. Adequate acoustics __________? Adequate lighting __________?
12. Distracting physical stimuli __________? If yes describe:

Class Management

13. Are children sitting in their chairs __________?
14. Are children apparently listening to what the teacher says __________?
15. Are they looking at instruction __________?
16. Are they doing what the teacher tells them to do __________?
17. Are they responding to questions __________?

Organization

18. Objective for lesson obvious __________?
19. Good design of the overall lesson __________?
20. Material ready for tasks __________?
21. Children all able to see __________? Hear __________?
22. Adequate supply of materials such as pencils __________? Paper __________?
    Scissors __________? Chair __________?
23. Lesson was conducted at the appropriate time __________?

Restructure Task for Alternate Responses

24. Does the teacher use systematic inquiry and diagnostic teacher __________?
25. Does she offer multiple ways to demonstrate their understanding of the task __________?
26. Does she offer a chance to respond with concrete objects when a pictorial representation cannot be handled __________?

Appropriate Signals

27. Are the signals clear __________?
28. Do the children respond on signal __________?

Corrections

29. Does the teacher correct __________?
30. Does she correct only that part of the task that needs it __________?
31. Does she use the appropriate corrections __________?
32. Does she correct immediately __________?
33. Does she overlook some children in the group who need correction __________?
34. Teacher rigidly adheres to lesson plan __________?, or repeats task for the group or individuals to criteria __________?

Praise

35. Too much praise __________? Too little __________?
36. Does she use tangible rewards __________?
37. Does she make her reinforcers seem inportant to the child __________?

Assessment

38. How often does teacher check child's grasp of what is being taught? Throughout lesson __________? End of lesson __________? Daily __________?

Grouping

39. Group too large __________? Too heterogenous __________? Dominated by one __________

AREA: Assessment
SOURCE: Dr. John Kiraly, Jr., University of Iowa
PROCEDURE: The following checklist may be helpful when interviewing teachers (or parents) regarding a student's behavior characteristics.

CHECKLIST OF STUDENT PROBLEM BEHAVIORS

by

John Kiraly, Jr.

Student's name:______________________________ **Age:**__________
Birthday:______________________________ **Grade:**__________
month day year
School:__________________________ **School District:**__________
Date completed:___/___/___

Name of person completing checklist:______________________________

Address:____

Person completing checklist is (circle one):

1. Teacher
2. Special Teacher
   (Area:____________________)
3. Special Educator
4. Administrator
5. Psychologist
6. Parent
7. Guardian
   (Name:____________________)
8. Other:____________________

Checklist used for (circle one):

1. Referral
2. Baseline Data
3. Evaluation
4. Other:____________________

April 1975
(Dev. I)

DIRECTIONS: This checklist includes the following problem categories: Behavior, Communication, Socialization, and Difficulty Areas. Problems you have noticed should be marked whether noticed in the classroom, school, or on the playground. Mark the appropriate box with a checkmark (✓). Also, use the space at the bottom of each page for relevant comments about the problems.

Behavior

Problems	1. No problem or not noticed	2. Little problem and improving	3. Mild problem, disturbing infrequently	4. Moderate problem, frequently disturbing	5. Serious problem, very disturbing
1. School attendance problem (lateness, absences, leaves school).					
2. Resists directions, discipline, or structure (defiant, negative, uncooperative, resentful).					

Comments:

Problems	1. No problem or not noticed	2. Little problem and improving	3. Mild problem, disturbing infrequently	4. Moderate problem, frequently disturbing	5. Serious problem, very disturbing
3. Lack motivation, lazy, disinterested.					
4. Does not complete tasks, careless, sloppy, messy.					
5. Does not follow directions, unorganized assignments, disregards rules, difficult to decipher.					
6. Lacks comprehension of assignments.					
7. Aggressive towards others, acting out on people.					
8. Aggressive toward property, careless regard, defaces, destroys.					
9. Self-aggressive, self-injury, abuses physical self.					
10. Restless, overactive, constantly in motion, can't sit still.					
11. Short attention span, lacks concentration, fidgets.					
12. Distractible, easily distracted, follows extraneous activity.					
13. Demands excessive attention, difficulty managing independently.					
14. Forgetful, short memory span, does not remember.					
15. Easily frustrated, quickly loses interest, gets mad.					
16. Lacks confidence, fears failure, inadequate, immature.					
17. Temper tantrums.					
18. Crying spells, cries easily.					
19. Silliness, immature.					
20. Seeks failure for attention.					
21. Repeats behavior, repetitive, perseveration.					
22. Sexually aggressive, exhibitionist, exposes self, bizarre behaviors.					

Comments:

Problems	1. No problem or not noticed	2. Little problem and improving	3. Mild problem, disturbing infrequently	4. Moderate problem, frequently disturbing	5. Serious problem, very disturbing
23. Masturbates.					
24. Ritualistic, unusual behavior, odd, different.					

Communication

1. Talks excessively.					
2. Listening difficulties/difficulty comprehending.					
3. Immature behavior, verbal and/or nonverbal.					
4. Unusual language content (bizarre, strange, fearful, ritualistic, jargon, fantasy).					
5. Avoids eye contact.					
6. Speech problem: a. rate____ b. articulation____ c. stuttering____ d. voice problems____ e. no speech____					
7. Repeats unnecessarily.					
8. Echoes others' speech.					
9. Obscene language, cursing, sex talk.					
10. Untruthfulness.					
11. Moodiness, overly sensitive, sad, irritability.					
12. Unable to express feelings appropriately.					
13. Physical complaints.					
14. Regressive behavior: verbal and/or nonverbal.					

Comments:

Socialization

Problems	1. No problem or not noticed	2. Little problem and improving	3. Mild problem, disturbing infrequently	4. Moderate problem, frequently disturbing	5. Serious problem, very disturbing
1. Irresponsible.					
2. Avoids difficult or new situations.					
3. Daydreams, unaware.					
4. Tends to avoid participating with children in groups.					
5. Tries to control others (critical of others, influences others' behavior, manipulative).					
6. Tends to avoid adults.					
7. Suspicious (distrusts or blames others excessively).					
8. Stealing.					
9. Jealous (possessive, selfish).					
10. Lack of self-help skills: a. feeding____ b. dressing____ c. toileting____ d. general hygiene____ e. other____					

Difficulty Areas Basic for School Success

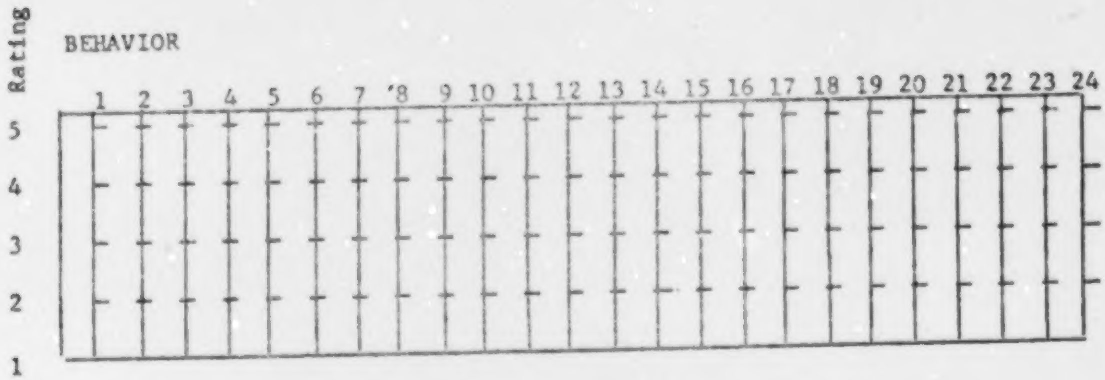
1. Verbal communication.					
2. Reading or reading readiness.					
3. Arithmetic or number concepts.					
4. Spelling.					
5. Written communication.					
6. Writing.					

Comments:

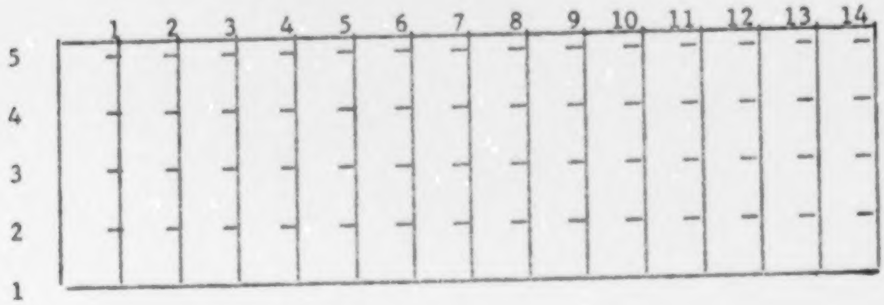
PROFILE

CHECKLIST OF STUDENT PROBLEM BEHAVIORS
(Kiraly)

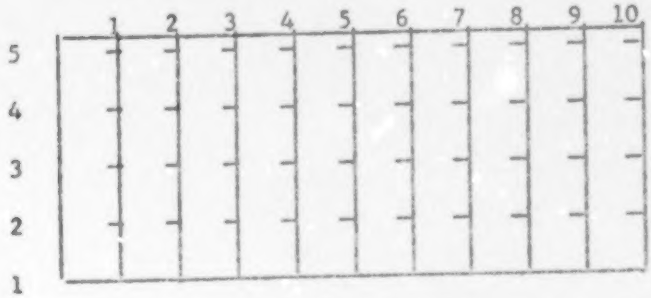
BEHAVIOR



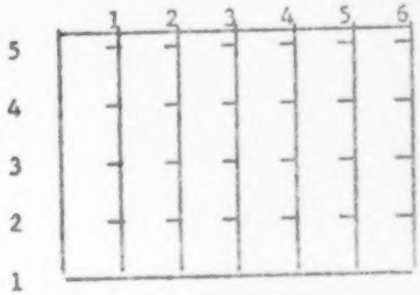
COMMUNICATION



SOCIALIZATION



DIFFICULTY AREAS BASIC TO SCHOOL SUCCESS



AREA: Identification/Assessment (Self-Control)
SOURCE: Teaching Children Self-Control by Stan Fagen

SELF-CONTROL BEHAVIOR INVENTORY (SCBI)

Name of Pupil ______________________ Teacher ______________________
School ______________________ Date ______________________
Grade ______________________

	A Rarely Does 0	B Sometimes Does 1	C Usually Does 2	D Almost Always Does 3
1. Pays attention to teacher directions or instructions.				
2. Remembers-teacher's directions or instructions.				
3. Organizes self to perform assignments.				
4. Anticipates the consequences of own behavior.				
5. Manages external frustration while working on an assignment.				
6. Can delay actions even when excited.				
7. Expresses feelings through acceptable words and behavior.				
8. Thinks positively about self.				
Column Score				

Scoring Values:	
Rarely Does	= 0 points
Sometimes Does	= 1 point
Usually Does	= 2 points
Almost Always Does	= 3 points

Academic Assessment in the Identification of Emotionally Disabled Pupils

Patricia Rootes
Keystone Area Education Agency
Elkader, Iowa

Paper Outline

Introduction

What Academic Data Is Useful in the Identification Process?

1. Present Level of Knowledge or Skill
2. Expectancy Level of Knowledge or Skill
3. Rate of Learning
4. Specific Learning Difficulties and/or Learning Style
5. Level of Motivation
6. Prior Academic Related Interventions

What Potential Instrumentation Is Available?

1. Norm-referenced Intellectual Ability Tests
2. Norm-referenced Educational Achievement/Diagnostic Tests
3. Criterion-Referenced Assessment Tests
4. Work Samples
5. Observation
6. Questionnaire or Interview
7. Teacher Estimates
8. Record Review

How Can Assessment Needs and Potential Instrumentation be Combined to Provide Adequate Documentation?

How Diagnostic Information Is Synthesized

1. Present Level of Knowledge or Skill
2. Expectancy Level of Knowledge or Skill
3. Rate of Learning
4. Specific Learning Difficulties and/or Learning Style
5. Level of Motivation

Appendix A

Appendix B

Bibliography

Academic assessment in the process of identifying emotionally disabled pupils assumes its importance by nature of federal and state definitions. Lambert & Bower (1961) refer to an academic characteristic in their definition of emotional disabilities currently used under Public Law 94-142 as follows: "An inability to learn which cannot be explained by intellectual, sensory, or health factors." Similarly, the *Rules of Special Education*, Iowa Department of Public Instruction (1977) indicate that for an emotional disability to be educationally relevant it must be exhibited in the school setting, often resulting in interference with the learning process.

The commonly held assumption that emotionally disabled pupils also exhibit academic or educational disabilities has been researched with often conflicting results and little conclusive evidence of any cause-effect relationship. These discrepancies largely appear to be due to the differences in the samples of children in the various studies.

As in most cases of behavioral research on broad classifications of disabilities, the heterogeneous placement of children into these specific categories tends to confuse and bias the results of the research (Bannatyne, 1974). Bower (1969) also discusses the difficulties presented by such a heterogeneous population as is found in emotional disabilities.

Spivack & Swift (1969) analyzed the relationship between academic achievement and classroom behavior, indicating that underachievement is evidenced not only in grades and test scores, but also in terms of maladaptive overt behavior exhibited in the classroom. Studies of specific academic areas by Jastak (1953) have shown that reading, as measured by the Wide Range Achievement Test (WRAT), tends to be one of the outstanding achievements of emotionally disturbed people. Further, he found reading achievement increases proportionately with the degree of disturbance. "A fearful, sensitive, insecure autistic child will learn to read faster than a child who perceives reality without fear." Jastak (1948) considered arithmetic disabilities to be indicative of severe personality disturbance and more often associated with personal maladjustments than reading disabilities.

Many others studying the relationship between emotional disabilities and academic achievement report that children so identified were in fact deficient in both reading and arithmetic with the greater relative underachievement in arithmetic (Bower, 1960; Stone & Rowley, 1964). While Tamkin (1960) found that his sample had significantly lower scores in arithmetic than reading, he did not find any relationship between emotional disabilities and educational disabilities.

Others have speculated on the relationship of specific categories of emotional disabilities and general academic performance. Cattel & Cattel (1969) found ego strength to be positively related to academic performance. However, Stewert & Louisa (1976) found the opposite to be true. "The emotionally disturbed adolescent who is low in ego strength, tense, guilt prone, sensitive, shy, and submissive tended to be more intelligent and demonstrate better academic achievement."

Graubard's (1964) study of conduct-problem pupils and underachievement supports the premise that ego strength is negatively related to academic performance on the grounds that his adjudicated subjects were below expected achievement levels in reading comprehension, and all showed some degree

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This article first appeared in *The Identification of Emotionally Disabled Pupils: Data and Decision Making*, published by the Iowa Department of Public Instruction, Special Education Division in September 1979.

of disability in arithmetic computation. Werry (1968) looked at hyperactive children and also found a strong tendency toward underachievement with this population.

Many studies have indicated that emotional disabilities can be inferred from either a change in the rate at which an intellectual or educational ability develops across time or from fluctuations in the ability as measured at various points in time. These changes in rate of growth and fluctuations in achievement were reported by McHugh and others who found greater test variability in the emotionally disturbed child than in the normal child (McHugh, 1963; Woody, 1967; Petrie, 1962; Schoonover & Hertel, 1979).

Although research generally supports the relationship of emotional disabilities and academic underachievement, studies remain inconclusive. Until such time that more appropriate homogeneous placement of emotionally disabled children into research populations occurs, conflicting results will probably continue as to the specific nature and cause of their educational deficiencies.

Research which supplies us with behavioral observations during testing indicative of emotional disabilities is minimal. Sattler '(1974) suggests general diagnostic indicators observable during testing that include irritability and suspiciousness, restlessness, lack of spontaneity, variable mood, apathy, euphoria and dysphoria. He goes on to describe language difficulties suggestive of emotional disturbance such as rambling, blocking, clang associations, circumlocution, confabulation, over-elaboration and self-reference (see Figure 1). Indications of an anxiety state observable in the test situation were noted by Freeman (1962) to include difficulty in finding words: impulsively blurting out unfinished, unchecked or inappropriate replies and fumbling about for adequate formulations.

The nature of the research does not provide us with any high degree of predictability or methodology to analyze academic achievement information thereby leading to a clear-cut diagnosis. At best, emotional disabilities can be inferred through analysis of academic data and the accompanying behavioral observations.

Academic assessment has a well established position in any special education evaluation and is not, by any means, specific to the area of emotional disabilities. However, the use of academic data can greatly assist in the identification process and should not be dismissed as routine or non-specific to the area. The usefulness of academic assessment data is determined by the focus and synthesis of such data with respect to all other areas of documentation. A logical approach to gathering and analyzing comprehensive academic assessment data for the purpose of aiding in the identification of emotionally disabled pupils is much needed.

The development of a comprehensive approach for obtaining and using relevant academic assessment data should logically begin with the diagnosticians asking two questions: 1) "What type of academic data is useful in identifying emotionally disabled pupils?" and 2) "What kinds and amounts of data can be considered sufficient documentation?" This needs assessment will lead to appropriate decision making regarding the personnel and instrumentation needed to gather the data.

Figure 1

Behavioral Observations in Testing Indicative of Emotional Disabilities

1. **IRRITABILITY** - testy, edgy; easily annoyed
2. **SUSPICIOUSNESS** - mistrustful; imagining something is wrong on little evidence
3. **RESTLESSNESS** - unsettled, uneasy; continually on the move
4. **LACK OF SPONTANEITY** - absence of natural, voluntary or free will behavior
5. **VARIABLE MOOD** - changeable, unsteady disposition
6. **APATHY** - without feeling; indifferent
7. **EUPHORIA** - misleading or exaggerated sense of well-being not in keeping with real events

Language Disturbances in Testing Indicative of Emotional Disabilities

1. **RAMBLING** - incoherent talk; off task
2. **BLOCKING** - sudden difficulty in remembering; abrupt changes of subject; interruption of train of thought
3. **CLANG ASSOCIATIONS** - association of words or ideas with words because of similarity in sound; seen in psychosis
4. **CIRCUMLOCUTION** - round-about manner of speaking
5. **OVER ELABORATION** - extensive clarification or examples
6. **SELF REFERENCE** - talking about self; consistently bringing topic around to one's self

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What Academic Data Is Useful in the Identification Process?

Six types of relevant and useful academic data will be considered as follows: 1) present level of functioning, 2) expectancy level, 3) rate of learning, 4) specific learning difficulties, 5) level of motivation and 6) previously attempted academic interventions.

1. Present Level of Knowledge or Skill

Obtaining the pupil's current achievement level aids in determining if, and to what extent, suspected emotional difficulties may be interfering with learning. The need for this information is clearly evident in federal and state definitions, as mentioned earlier, which espouse the educational relevancy of emotional disabilities.

Of equal importance is the use of this information to serve as baseline data on which other data may be based and compared. A student may show quite adequate achievement levels on testing, but when results are compared with work samples, a discrepancy revealing low productivity in the classroom is obvious. When current level of functioning is compared with past achievement scores, the onset of learning problems can be viewed. A consistent history of an academic deficiency may accurately reflect a chronic learning problem which in turn may now have resulted in a secondary emotional disability. Likewise, a successful achievement pattern prior to a sudden change in performance leads to the further exploration of causes for such an interruption in learning.

This does not necessarily imply that a cause-effect relationship can be ascertained by establishing the current functioning level alone. However, such data, when combined with information from other documentation areas, leads to inferences about possible events precipitating the presenting difficulties.

As baseline data, knowledge of present level of functioning adds meaning to expectancy level, rate of learning and even post treatment data.

2. Expectancy Level of Knowledge or Skill

The discrepancy in learning, which is established by comparing the derived expectancy with present level of functioning, is again central to the educational relevancy concept of emotional disabilities. The discrepancy between what the pupil is presently doing and what he/she is reasonably expected to do determines if an educational disability does in fact exist.

Expectancy may also serve to clarify the issue of determining the primary disability in those children who fall one to two standard deviations below the mean on measures of intellectual ability. Certainly such cases require in-depth documentation and close scrutiny to determine the appropriate diagnosis and program needs.

Although research generally indicates that there are no significant differences in the intellectual performance of emotionally disabled students and their normal peers (Rutter, 1964; Granick, 1955), it is extremely difficult to ascertain an accurate expectancy level due to non-intellectual emotional factors that interfere with all testing in general and more specifically with intellectual measurements. These non-intellectual factors which may interfere with the intellectual functioning of children were described by Weisskopf (1951) and include the following: anxiety, short attention span, poor self-esteem, immaturity and obsessiveness.

This word of caution is not meant to devalue the use of expectancy information in the identification of emotionally disabled pupils. It reflects the caution with which all data should be viewed, again emphasizing the need for extensive supportive documentation from all evaluation areas.

3. Rate of Learning

Research reported earlier supports the use of information reflecting changes in rate of academic growth or fluctuations in achievement as being indicative of emotional disabilities. When reviewing the pupil's records for such test variability, disruptions in otherwise consistent linear academic improvement should be explored, for possible corresponding changes in behavior, emotional stability or significant traumatic experience. Rate of growth data needs to be analyzed with respect to sociological and behavioral information obtained in other documentation areas.

4. Specific Learning Difficulties and/or Learning Style

Data on the existence of any special learning problems serves to clarify just what is taking place in the learning process for the pupil of concern. While this information tends to be more diagnostically specific and therefore more useful in program and planning decisions, it remains relevant to the identification process and may aid in clarification and determination of the primary disability. The relationship of emotional and educational disabilities, as cited earlier, results in emotionally disabled students and learning disabled students sharing many similar observable behavioral characteristics. Information from this area may serve to aid in distinguishing the two disabilities. The difficulties of differentiation remain, and may be clarified by Figure 2. (See page 14.)

5. Level of Motivation

The effects of motivation on achievement have been explored by Finch, Nelson & Pezzuti (1975) who found that emotionally disabled chidren who perceive a relationship between their own behavior and the resulting consequences obtain higher achievement scores than those who do not.

Lack of motivation is an often cited observable symptom of emotional difficulties. The possibility of motivational problems should be explored once intellectual, health and sensory factors have been ruled out as causes of learning deficits.

Motivation, as it relates to academic functioning, is an important parameter to be investigated. The lack of motivation can interfere or explain the information gathered in the preceding sections, one through four.

6. Prior Academic Related Interventions

The nature of emotional disabilities makes it necessary to explore all possible classroom and instructional modifications available to the regular classroom teacher and his/her support staff prior to seeking the special services and the diagnostic label that it requires.

In addition to the above implications, documented interventions and their subsequent results may provide diagnostically important information regarding the type or extent of the presenting problem.

Securing data to respond to these six basic areas of useful diagnostic information will greatly assist the team in determining the educational relevancy of the possible emotional disability. Figure 3 summarizes useful academic assessment data. (See page 14.)

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Figure 2

Emotional Disabilities and Learning Disabilities Differentiation*

Emotional Disabilities	Learning Disabilities
1. Academic deficiencies are believed to be the result of inappropriate or interfering behaviors in the classroom.	1. Academic deficiencies are not the result of behavior, but deficits in psychological processes.
2. Behavior does not seem to respond to traditional classroom controls.	2. Although behavior may be inappropriate at times, it does respond to traditional controls.
3. Achievement and WISC profiles are often consistent though may be depressed.	3. Sporatic performance on achievement and WISC profiles.
4. Great difficulties with interpersonal relationships.	4. Although difficulties may be noted, ability to establish and maintain satisfactory interpersonal relationships exists.
5. Consistently inappropriate behavior under normal circumstances and across various types of situations.	5. May have trouble in particular academic settings, but does quite well in other situations.

* Carl Smith, consultant, emotional disabilities, Iowa Department of Public Instruction

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Figure 3

What Academic Information is Helpful in Diagnosing Emotional Disabilities?

1. **Present Level of Knowledge or Skill** -What is the pupil's current achievement level?
2. **Expectancy Level of Knowledge or Skill** - What could reasonably be expected with his/her capacity?
3. **Rate of Learning, Particularly Noting Changes in Pattern** - Has the student been acquiring knowledge at a consistent rate over time?
4. **Specific Learning Difficulties and/or Learning Style** -Are there special learning problems? If so, are they indicative of another disability?
5. **Level of Motivation** - What is the pupil's current level of motivation on academic related materials?
6. **Prior Academic Related Interventions - What classroom and academic modifications have been tried by the teacher and his/her support staff?**

What Potential Instrumentation Is Available?

Once assessment needs are clearly defined, methodology for obtaining that information can be explored. There is not one individual test which supplies the needed information. A battery of diagnostic instruments capable of yielding a picture of the pupil which reflects the complexity of emotional disabilities should be used. Potential instrumentation is extensive and includes at least eight types of data collection:

1. Norm-referenced intellectual ability tests
2. Norm-referenced educational achievement/diagnostic tests
3. Criterion-referenced assessment tests
4. Work samples
5. Observation
6. Questionnaire or interview
7. Teacher estimates
8. Record review (grades, previous tests, etc.)

1. Norm-Referenced Tests are psychometric instruments that are standardized on a particular population which becomes the referent. The primary function of such tests is to compare the child's performance to others of the same age or grade. Norm-referenced instruments used in educational assessment are generally of three types: 1) intellectual ability tests, 2) achievement or survey type tests and 3) diagnostic tests. Norm-referenced achievement tests survey current functioning levels in several academic areas and are designed in content for a variety of ages or grade levels. Norm-referenced diagnostic tests are similar but survey one academic area more extensively, providing more diagnostically relevant data.

Norm-referenced instruments generally have a limited number of items, not necessarily in developmental sequence. Therefore, the information obtained from such devices is diagnostically limited and general in nature, only confirming suspicions that the student is functioning below the level of his/her peers. Such tests also provide us with little assistance in determining specific skill attainment. Test responses do not indicate the processes underlying the passage of an item or the reasons for failure. Many believe that norm-referenced testing is an example of sacrificing diagnostic clinical thinking to statistical convenience. However, norm-referenced tests provide useful information about 1) current level of functioning, 2) expectancy level and 3) rate of learning when used in conjunction with other methods or types of instrumentation. Norm-referenced instruments must be valid and reliable.

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2. Criterion-Referenced Tests are used to assess specific abilities and compare the child, not to other ildren, but to a set of standards. Such devices contain items arranged in developmental sequence within the specific area being assessed. Criterion-referenced tests are primarily designed to facilitate program planning where the concern is what has been mastered, then focusing on the next specific appropriate skill to be taught. However, because of the specific nature of such tests, they are often designed for certain groups, yielding them inappropriate for others. They also tend to measure "splinter skills" and may not provide a total picture of the child. Careful selection of criterion-referenced tests is essential. Criterion-referenced instruments can supply useful information about the pupil's present level of functioning.

3. Work Samples are an easily obtained method to view the pupil's typical functioning. If systematically collected over time to obtain more accurate data, the student's progress, skill development, motivation and possible learning problems may be inferred. Without a systematic method for analysis, there is little or no consistency from one evaluator to another.

4. Observation is the systematic watching and recording of the pupil's behavior within the typical school day. Observation is useful in noting present level of a skill, learning characteristics, interest and otivation, and patterns of adjustment. Using this chnique, one can pick up on subtleties missed by other types of instrumentation. For observation to be of value, it must be systematically carried out over time. Some observational techniques useful for the area of academic assessment might include: 1) anecdotal records, logs, diaries, narratives; 2) videotape or audiotape recordings; 3) standardized observation devices; 4) flow logs or running records; and 5) systematic data collection.

5. Questionnaires and Interviews are direct approaches to obtaining information about the pupil's motivation and attitudes. Formal questionnaires are commercially available for the purpose of assessing academic related attitudes, and informal instruments may be devised. Interviews may be structured or unstructured, with the former providing specific information more quickly. The diagnostic use of results must be questioned in regard to validity.

6. Teacher Estimates, if reliable, can provide excellent information about the student's expectancy level and special learning problems. However, such information may be strongly affected by the teacher's own biases and prejudices.

7. Record Review provides pertinent antecedent ta about the student's academic history and the uations affecting it. Palmer (1970) states that such information is vital "since it provides an estimate of both the rate of development and some of the past stresses or continuous stresses that may affect the child's current status." When conducting a record review, information on grades, attendance, previous testing, prior interventions, teacher comments, etc. are diagnostically significant when added to other test data.

A brief summary of the use, strengths and weaknesses of each data collection instrument is presented in Figure 4.

Figure 4

Potential Instrumentation

1. **Norm-Referenced Achievement/Diagnostic Tests**
   - surveys current level of achievement in several academic areas
   - samples extensive content for a variety of ages and/or grades
   - published norm is referent - how the child's performance compares to other children ofr the same grade or chronological age
   - limited number of diagnostically useful items, not necessarily in developmental sequence
   - must be valid and reliable
2. **Criterion-Referenced Tests**
   - concerned with measuring the individual growth & progress of child
   - large number of specific, developmentally sequenced items
   - designed to measure only what has been learned
   - mastery is referent
   - provide specific information needed to arrange instruction
3. **Work Samples**
   - display typical functioning
   - indicators of learning problems possible
   - current level of motivation may be indicated
   - easily obtained
   - little consistency from evaluator to evaluator
4. **Observation**
   - allows for view of typical behavior
   - systematic procedures must be used to assure reliability
   - can pick up on subtleties missed by other types of assessment
   - provides information in many areas: 1) present level of skill, 2) learning characteristics of student, 3) interest and 4) attitude toward subject
5. **Questionnaires and Interviews**
   - provide useful information about motivation and attitudes
   - critical concern is that student responds truthfully
6. **Teacher Estimates**
   - if reliable, can provide information about 1) expectancy level and 2) learning style and/or difficulties
7. **Record, Review of Grades, Previous Tests, etc.**
   - provides historical perspective to learning patterns
   - helpful in establishing learning rate

How Can Assessment Needs and Potential Instrumentation Be Combined to Provide Adequate Documentation?

The purpose of academic assessment is to collect and carefully interpret sufficient information to accurately determine specific educational needs. The degree to which assessment is systematic and thorough will determine the degree to which the educational program decisions are relevant and effective.

Assessment needs have been outlined, and potential instrumentation has been explored. The diagnosticians now need to ask the question, "Which type of instrumentation will supply us with appropriate and sufficient documentation information to adequately address the established assessment needs?"

A combination of the potential instruments previously discussed is generally the best way of obtaining the information that is needed in the identification process. The most important guides to the proper selection of these tools are the individual pupil and the diagnostician's judgment. A guide to determining what instruments will most accurately and efficiently provide the essential data is provided in Figure 5. Preferences concerning which device to use for the purpose stated is marked with an asterisk (*).

How Diagnostic Information Is Synthesized

Interpretation of the information obtained during the collection phase is the last step in the assessment process. Interpretation is the process of reviewing, analyzing and synthesizing all of the academic information on the child which has been collected. While a review and analysis of the data may be prepared by the individual clinician, generally the entire diagnostic team is involved in the synthesis process. Results can thereby be evaluated carefully in light of all other data collected by people with expertise in the various areas of documentation, and the results can be interpreted in terms of the total child.

Academic assessment data can best be synthesized in respect to the previously determined assessment needs as follows:

1. **Present Level of Knowledge or Skill - What has** the pupil actually learned and what is his/her present achievement level?

A norm-referenced achievement test is generally administered to obtain present level of functioning data. The test results compare the pupil's performance with national or local norms and are typically stated as a grade equivalency. Survey instruments provide a grade level score for each of the basic academic areas. The profile of abilities from these general scores may lead to the administration of more specific standardized diagnostic measures.

Criterion-referenced tests also provide present level of functioning data, describing explicitly what skills have been mastered and what skills are ready to be obtained. Work samples and observation may lend support to the statistical data supplied by the standardized instruments.

It should be remembered that due to the problem of error of measurement, it is never certain that a test score actually represents the pupil's present ability. Commonly used norm-referenced and criterion-referenced instruments useful in determining present level of functioning are in Appendix A.

Figure 5

Information Needs

Instrumentation	**Present Level of Knowledge or Skill**	**Expectancy Level of Knowledge or Skill**	**Rate of Learning**	**Learning Difficulties and/or Style**	**Level of Motivation**	**Prior Interventions**
Norm-referenced Intellectual Ability Tests	No	*Yes	Possibly	No	No	No
Norm-referenced Educational Achievement/diagnostic Tests	*Yes	Yes	*Yes	No	No	No
Criterion-referenced Tests	*Yes	No	Possibly	No	No	No
Work Samples	Possibly	No	No	Possibly	Possibly	Possibly
Observation	Possibly	No	No	*Yes	Yes	Possibly
Questionnaire or Interview	No	No	No	Possibly	*Yes	No
Prior Teachers' Estimates	No	Possibly	No	Possibly	No	No
Record Review (Grades,etc.)	No	No	Possibly	No	No	*Yes

2. **Expectancy Level of Knowledge or Skill** - What is a reasonable expectation for the pupil, and how can that expectation best be measured?

Determining expectancy level is somewhat tenuous as it uses intelligence and achievement test results and thus requires the problems inherent in those measurements. However, it is necessary to aid the decision making process by using the quantitative data available.

Several methods for deriving expectancy level are used as follows: 1) standard scores, 2) mental grade formula (Harris, 1961), 3) years-in-school formula (Bond & Tinker, 1967) and 4) age expectancy formula (Harris, 1970).

Standard scores are comparable to the IQ deviation scores of standardized tests and can be used to roughly determine if a pupil is functioning up to his/her general expectancy level. By taking age into consideration, standard scores interpret grade equivalency scores in a meaningful way. These scores or quotients are generally reported for each subtest of norm-referenced tests and may be compared with the results of formal intellectual measures to determine if the pupil is working up to his/her overall expectancy (IQ) in that specific area. An example follows:

WRAT Subtest	SS	WISC-R
Reading	98	Full Scale IQ 121
Spelling	93	
Arithmetic	117	

The reading Q of this student is 23 points below the IQ, the spelling Q is 28 points below the IQ, and the arithmetic Q is only 4 points below the IQ. This information, when supported by other data, indicates that reading and spelling are deficit areas in which he/she is not working up to his/her general expectancy level.

The mental grade method (Harris, 1961) provides a simple formula for deriving the pupil's reading expectancy based largely upon mental age:

RE (reading expectancy grade) = MA - 5

7.0 (RE) = 12 (MA) - 5

Tony is a ten year old fifth grader with an IQ of 120. His current reading achievement score is 4.7. Using this formula, Tony is 2.3 years below his expectancy even though he is currently only three months below grade placement. Determining when a discrepancy becomes significant is an obvious problem.

The years-in-school method (Bond & Tinker, 1967) takes into account the number of years of teaching exposure when determining a reading expectancy grade:

$$\text{RE (reading expectancy grade)} = \frac{\text{years in school} \times \text{IQ}}{100} + 1.0$$

$$\text{RE} \quad \frac{4.5 \times 120}{100} + 1.0 = 6.4$$

Tony is in the middle of the fifth grade and therefore has been in school for 4.5 years. Applying this formula, Tony's reading expectancy is 6.4.

The age expectancy method devised by Harris (1970) gives priority to intelligence:

$$\text{EA (expectancy age)} \quad \frac{2\ \text{MA} + \text{CA}}{3}$$

$$\text{(11 yrs.) EA} \quad \frac{2\ (12)\ \text{MA} + (10.0)\ \text{CA}}{3}$$

Using this formula, Tony's expectancy age is 11 years, which corresponds to approximately sixth grade functioning.

Once the expectancy level is derived using any of the above three methods, a comparison to the present achievement scores can then be made to determine if, and to what extent, a discrepancy exists.

3. **Rate of Learning** - How has the student's learning progressed historically?

Rate of learning can be determined by analyzing the results from comparable academic achievement and/or intelligence tests administered periodically over time. An example follows:

Grade	WRAT Reading Grade Score
2nd	2.5
3rd	3.7
4th	4.8
5th	5.1
6th	5.4

Viewing the above test results, one can tell that scores were at or above grade level until sixth grade at which time linear improvement slowed. In addition, the rate of growth dropped from more than a year's annual growth (+1.2, + 1.1) to only a few months growth from fifth grade to the sixth. This data of rate and fluctuations in learning can then be synthesized with respect to expectancy level information and sociological and behavioral findings. It should be remembered that there could be many reasons for such a pattern of performance change, only one of which may be emotional disabilities. All possibilities should be considered.

Although teacher grades (report cards) may be analyzed in much the same way as test scores, it should be remembered that grading systems, even at best, are not standardized, allowing for a great deal of subjectivity.

4. **Specific Learning Difficulties and/or Learning Style** - What special learning problems exist? If so, what is the primary disability?

Information regarding specific learning difficulties begins to form with the more general profile of results on survey instruments. For those subject areas found to be in deficit, norm-referenced diagnostic tests, criterion-referenced instruments and informal assessments provide more in-depth information about specific skill attainment. If still further investigation is indicated, an evaluation of correlate

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areas or so called "splinter skills" and the various processes they represent should be included. Prior teachers may be able to provide invaluable information regarding learning difficulties and style. In addition, a trained, observant diagnostician can pick up on more subtle behavioral indicators of special problems and/or style both during the testing sessions and in the regular classroom setting.

Tests useful in determining special learning problems are included in Appendix A. An outline of observable indicators of learning disabilities is included in Appendix B.

5. **Level of Motivation** - What is the student's present level of motivation and how is it affecting his/her academic performance?

Observation of the student for behavioral indicators of motivational problems should be conducted throughout the entire academic assessment process.

Questionnaires and interviews, both structured and informal, can provide insight into the role motivation might be playing in behavioral and academic concerns. Some commonly used informal techniques include: (1) sentence completion, (2) ranking of subjects, (3) checklist of study habits and (4) three wishes. Commercially prepared questionnaires are included in the test section of Appendix A. A sample of such a questionnaire is included in Appendix B.

Academic assessment data is central to the process of identifying emotionally disabled pupils and assessment should be conducted in a manner reflecting that importance. Assessment methodology should be selected for specific predetermined needs, covering the full range of potential instrumentation. The process should not be terminated until documentation clearly satisfying the determined assessment needs has been gathered and analyzed. Academic assessment draws its strength from supportive data. Therefore, final synthesis of assessment information should be conducted in light of all data collected by the various disciplines. This systematic but cautious approach will greatly assist the often times difficult task of identifying emotionally disabled pupils.

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Appendix A

	Test Author	Grade Level	Skills Measured	Special Features
I.	**Norm Referenced Achievement Tests** Survey			
	Wide Range Achievement Test (Jastak & Jastak, 1965)	1-10	Reading Recognition Written Spelling Arithmetic	Individually administered Takes 10-15 minutes to administer
	Iowa Test of Basic Skills (Lindquist & Hieronymous, 1956)	1-9	Traditional	Group administered Much verbal content
	California Achievement Test (Tiegs & Clark, 1970)	1-9	Traditional	Group administered May be used diagnostically
	SRA Achievement Series (Thorpe, Lefever, Naslund, 1969)	1-9	Traditional	Group administered Handbook for Diagnostic Analysis
	Peabody Individual Achievement Test (Dunn & Markwardt, 1970)	K-adult	Math, Spelling, Reading Recognition, Reading Comprehension, General Information	Individually administered
II.	**Norm-Referenced Diagnostic Tests**			
	Test of Written Spelling (Larsen & Hammill, 1976)	1-9	Predictable words Unpredictable words	Content chosen from often used spelling series
	Key Math Diagnostic Arithmetic Test (Connely, Nachtman, Pritchett, 1976)	K-9	Content, Operations, Applications	Individually administered Little reading required Not really diagnostic, but useful in determining probiem areas
	Standard Reading Inventory (McCracken, 1966)	1-7	Word recognition Oral reading comprehension Speed, Word meaning	Individually administered
	Diagnostic Reading Scales (Spache, 1963)	1-8	Instructional, Independent, potential reading levels	Individually administered Sophisticated interpretation required
	Boehm Test of Basic Concepts (Boehm, 1971)	K-2	Frequently used school concepts	Group administered Use results to plan remediation

Test Author	Grade Level	Skills Measured	Special Feature
Durrell Analysis of Reading Difficulty (Durrell, 1955)	1-6	Silent & Oral reading Listening comprehension Word Analysis, Phonics Writing, Spelling	Individually Administered Observe faulty habits in reading
Woodcock Reading Mastery Tests (Woodcock, 1973)	1-9	Letter recognition Word recognition Word attack Word Comprehension Passage Comprehension	Individually administered Interpretation is on predicted individual performance
Gray Oral Reading Test (Gray & Robinson, 1967)	1-adult	Oral reading	Individually administered Use in addition to silent measure
Silent Reading Diagnostic test (Bond, Balow, Hoyt)	2-6	Words in isolation Words in context Visual-structural analysis Syllabication, Sounds	Group administered Supplement with individual test
Gilmore Oral Reading Test (Gilmore & Gilmore, 1968)	1-8	Reading accuracy Comprehension Reading rate	Individually administered Takes 15 minutes to administer
III. Criterion-Referenced Assessment Instruments			
Diagnostic Tests & Self Helps in Arithmetic (Brueckner, 1955)	3-8	Computations Operations Measurement	Correlated with corrective self-help exercises
Diagnostic Spelling Test (Kottmeyer, 1970)	1-6	Traditional spelling	Dictation format Norm-referenced data available
Woodcock Reading Mastery Tests (Woodcock, 1973)	1-9	Letter recognition Word recognition Word attack Word comprehension Passage comprehension	Individually administered Norm-referenced data also available
Basic Concept Inventory (Engleman, 1967)	P-K	Concepts of verbal directions	Checklist format Devised for ED children

Test Author	Grade Level	Skills Measured	Special Feature
Brigance Diagnostic Inventory of Basic Skills (Brigance, 1977)	K-6	Readiness Reading Language Arts Math	Developmentally arranged Grade level scores available Extensive in coverage
Fundamental Processes in Arithmetic (Buswell & John)	1-9	Math computation	Excellent error analysis
IV. Questionnaires and Interviews			
What I Like to Do (Bonsall, Meyers, Thorpe)	1-6	Interests	
Evaluation of Attitudes Toward Arithmetic (Dutton & Adams, 1961)		Math attitudes	
Fundamental Processes in Arithmetic (Buswell & John)	1-9	Math computation	Error analysis through interview

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AREA: Class Composite Worksheet for Class Play
LEVEL: PIJ
PURPOSE: To compile student selections for interpretation
PROCEDURE: List students names in left column, indicating parts chosen by peers with a tally. Indicate total of positive (+) roles, negative (-) rules, and total number of choices.

Just imagine that your class is going to put on a play and you are selected to direct it. Below you will see that there are parts that will be needed for the play. As director of the play, you will have the responsibility of selecting any boy or girl, in your class, for any of the parts. Since many of the parts are small, you may, if you wish, select the same boy or girl for more than one part.

These are the parts

Part 1 - The Hero - someone who is good in sports and in school work. 1. ____________

Part 2 - Someone who is often mean and gets into fights a great deal. 2. ____________

Part 3 - The Heroine - someone who gets along well with other boys and girls and with the teacher (may be a boy or girl). 3. ____________

Part 4 - Someone who is always angry about little things. 4. ____________

Part 5 - Someone who could be the hero's friend - a kind, helpful boy or girl. 5. ____________

Part 6 - Someone who could play the part of the bully who picks on boys and girls smaller or weaker than himself. 6. ____________

Part 7 - Someone who has a good sense of humor but is always careful not to disturb the teacher of the class. 7. ____________

Part 8 - Someone who could play the part of a person who doesn't ever say anything. 8. ____________

Part 9 - Someone who is always friendly and never mean. 9. ____________

Part 10 - Someone who could act like the laziest person in the world - never does anything. 10. ____________

Part 11 - A boy or girl who you would choose to be in charge when the teacher left the room. 11. ____________

Part 12 - The person who knows all the answers and he or she usually works alone. 12. ____________

Section II

A. Which part or parts would you like to play best? Write the number or numbers on the line. ____

B. Which part or parts do you think you could play? ______________________

C. Which part or parts do you think the teacher might ask you to play? __________

D. Which part or parts do you think most other kids would like or ask you to play?

____

____
Name

WORKSHEET FOR A CLASS PLAY

NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	+	-	TOT

AREA: Assessment
SOURCE: Judith K. Grosenick, Ph.D., Midwest Regional Resource Center

IDENTIFICATION AS A PROCESS

The process of identification is quite complex and; to discuss it thoroughly would be a lengthy task. However, since the process itself may be the most crucial element in identification, some space will be devoted in this paper to a discussion of what comprises the process and some of the strategies which can be used as part of the process.

Screening. The first step in any systematic identification process is screening. It is the process of gathering information for the purpose of separating from a large population those children who potentially possess behavior problems. In most instances, the regular class teacher will play a major role in this step, particularly as it relates to the decision to go one step further into a thorough diagnostic assessment. Fortunately, there is a growing body of research that supports the value of teacher judgments in the screening process, particularly as it relates to identifying behavior disordered children (Power, 1969a, b; Harth and Glavin, 1971; Maes, 1966; Mccarthy and Paraskevopoulous, 1969; Nelson, 1971; and Ullman, 1952).

While screening identifies those individuals who will benefit from a more thorough evaluation, it does have certain limitations. Screening does not indicate that a problem exists; rather it identifies a liklihood that difficulty may occur. Most techniques used in screening are rough measures of the behavior under scrutiny. Devices such as rating scales and checklists are only grossly sensitive to the existence of a child's strengths and weaknesses. Thus, in the screening process, some children may be misidentified, while others may be overlooked. It is hoped that such errors are minimal and can be reduced by the gathering of information from several sources including direct observation of the student.

Another limitation of screening is that it does not provide information regarding either the causes of the problem or the degree of the problem, nor does it give any clues as to how to help the child. In other words, screening does not provide diagnostic or definitive information about the student's problem. Despite these limitations, screening is an important first step in the identification process. The preceding limitations are presented as a caution so that educational personnel will be able to put the results of screening in proper perspective. One pitfall we must avoid is the tendency of premature labeling of a child based on screening information. Such a practice puts more weight on the screening data than is merited.

Several important variables must be examined as part of the screening process. These pieces of information, when viewed in combination, should help in making a sound decision regarding the need for further assessment. The following variables described here are general in nature and are not intended to be all inclusive. (Other variables may be considered which are idiosyncratic to the individual child.):

1. Past Educational History: Examination of the student's prior educational performance may provide clues about the problem.

Checking school records, including past grade cards, will give an indication of a student's academic performance. Comparison with peer performance and the areas of concern which have already been the focus of attention can be gleaned from such sources. In addition, it may be possible to ascertain what techniques have been attempted and their relative success or failure. Interviews with previous teachers or other professionals who have served the child also serve as sources of information regarding a student's past educational history. It should be noted here that if examination of past performance sheds no light on the problem, it is doubly important that the current classroom situation be carefully studied as part of the screening process.

2. Current Educational Performance: A clear picture of the student in the current classroom is part of screening. Level of academic performance, study habits and learning styles are a few examples of the pieces of information which should be gleaned from the child's current teacher. The importance of the regular classroom teacher in the screening process cannot be overemphasized. Here is a person that has direct knowledge of the student's daily performance as demonstrated over a prolonged period of time.

3. Current Behavioral Functioning: Paralleling current educational performance should be an examination of the child's current behavioral functioning. Does the child express his/her feelings in appropriate ways? What is the child's interactions with the other members of the class? Peer rating, for example, provides an excellent source of information regarding children with potential behavior problems. Later in this paper, a list of possible strategies will be given which can assist the regular class teacher in gathering this information.

4. Home Conditions: At the screening level, an intensive examination of home factors is not necessary. However, it is advantageous to note the cooperativeness and interest of the parents with the schools, both in the past and currently. It is also important to be aware of any cultural differences that may exist between home and school and the influence these may possibly have on the child's behavior.

5. Current Goals and Strategies: While much of the preceding information focuses upon the student, it is equally important to examine the current teaching program. In line with current ecological thinking, we know that part of the problem may rest within the school environment. Therefore, to obtain a more accurate picture of the possible problem, it is critical that data be gathered about the educational environment. For example, we must examine the appropriateness of the goals and expectations that the teacher has set for the child. In addition, the techniques being used also bear scrutiny. Success and failure of strategies should be noted.

The procedures used to gather the above information as part of screening are quite diverse and encompass both formal and informal techniques. Before presenting some examples of these procedures, we should examine the general criteria that characterize screening procedures. Bower (1969a) has suggested the following criteria:

1. It is usually possible for a teacher to complete a screening procedure with only the information she/he can obtain without outside technical or professional assistance.

2. The procedures used should be easy to implement and score. In other words, the procedures should be easily understood and straightforward, thus enabling the teacher to use them without specialized training or supervision.

3. Results from any screening procedures are tentative. In line with the purpose of screening, the procedure should identify children with potential problems who may benefit from a more thorough assessment conducted by a team of professionals.

4. The procedures should be effective, e.g., accurately identifying as many children with potential problems, while minimizing misidentification or overidentification.

5. A screening procedure should be efficient. It should not be timeconsuming. Nor should the procedure be costly in terms of material required.

6. A screening procedure, while providing accurate information, should not be of such a nature as to encourage teacher diagnosis of the problem. It should avoid drawing conclusions relative to the causes of the problem.

7. The procedure should not offer a threat to any child, invade his/her privacy or violate good taste.

As indicated previously, both formal and informal techniques can be incorporated into the screening process. Several will be briefly described below. For a more detailed discussion of these strategies, the reader is referred to Bower, 1969a, b; Gearheart and Weishahn, 1976; Hammill and Bartel, 1978; Shea, 1978; Smith, 1969 and Spivack and Swift, 1973.

1. Direct Observation: Probably one of the most accurate and informative procedures that can be used in screening is to measure the problem behavior(s) within the context of the classroom. This may involve keeping anecdotal records on the student's problem behavior or actually counting the frequency, rate or duration of the behavior under scrutiny. It is a particularly useful technique because of the inadequacy of so many of the formal instruments that have been developed. Furthermore, it is conducted in the naturalistic setting in which the problem is occurring as opposed to an office on the other side of town or even in a different city. The importance of observation of the child in school settings cannot be overemphasized. Moreover, the skills of direct observation are ones that can readily be learned and implemented by the regular classroom teacher, although counselors, special education teachers, principals and psychologists can also conduct such observations. It should be noted that such observations should be made repeatedly so as to collect information relative to the persistence of the problem.

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2. Behavior Checklists, Rating Scales and Inventories: There are available on the market an increasing number of such instruments. Cautions about their quality have already been given. It also should be noted that fewer of these are available at the junior high and high school level. This paper will not attempt to describe such instruments as the reader has already been directed to several sources which provide descriptions and, in some cases, evaluations of the scales. For a novice not knowing where to begin, however, some of the more familiar scales include:

   Peterson-Quay behavior Problem Checklist
   Walker Problem Behavior Identification Checklist
   Devereaux Child Behavior Rating Scale
   Devereaux Elementary School Behavior Rating Scale
   Screening Device for Early Detection of Emotional Disturbance in a Public School Setting (Pimm and McClure)
   Hahnemann High School Behavior Rating Scale
   Kohn Social Competence Scale
   Pupil Behavior Inventory
   Bower-Lambert Scales for In-School Screening of Emotionally Disturbed Children

   This list is by no means comprehensive nor does it necessarily represent the "best" of what is available. It is a sampling of commonly used devices ranging from preschool through high school. It might also be noted that the Bower-Lambert scales include not only teacher ratings, but peer and self-ratings also.

3. Self-Report Techniques: Another excellent source of information about the problem can be the child himself/herself. Interviews, either structured or open-ended, can provide an abundance of data. Another approach to gathering self-report data is through autobiographical material. A student's written account of himself/herself may provide clues as to his/her perceptions of self and the problem itself. This can be shortened to focus on specific topics: e.g., things that make me angry--or happy--or sad. In this same vein, open-ended questions (What I like most about school is ___________) or questionnaires (Check all those words that most describe you--happy--friendly--smart--bothersome, etc.) also can provide information on one's own perception of self.

4. Interactions and Perceptions of Others: Since one of the pervasive problems evidenced by behavior disordered children is unsatisfactory interpersonal relationships, it is important that screening take into account the student's interaction with the other class members as well as their perceptions of one another. Probably the most commonly used method to gain such information is sociometrics. Given a logical activity in which the class could participate in small groups, students are asked to select the two or three children with whom they would like to work. Conversely, the children can be asked to indicate several students with whom they would not want to work. These data give us a picture of the social interaction of the classroom, the children who may be isolates as well as those outrightly rejected by their classmates. There are more formalized approaches to gathering peer perception and interaction. As indicated previously, the Bower-Lambert Scales include a component for peer rating one one another.

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Up to this point, nothing has been said relative to the use of projective techniques: e.g., Rorschock Inkblot Test, the Thematic Apperception Test (TAT), The Minnesota Multiphasic Personality Inventory (MMPI), etc. While these instruments may provide some valuable clinical information, the results are quite subjective. It is crucial, therefore, that, if used, they be administered by competent, well-experienced clinicians. Even then, one might still question the educational relevance of the data provided.

In conclusion, the best screening approach will probably use some combination of the above strategies. There is a great deal of flexibility in how to gather the data. the important factor is to utilize teacher, peer and self perceptions.

Assessment. Assessment, like screening, represents an information-gathering stage. It is a process of determining a person's level and manner of performance by looking directly at behaviors. It consists of a thorough evaluation of an individual's interaction with his/her environment and should provide information which will have a direct bearing on the instructional program.

Much of the information gathered as part of screening will have a relevant role in assessment. In addition, it may uncover areas needing additional probing. Indepth interviews with the child and/or the parents may be appropriate. Further psychoeducational assessment of academic functioning and other psychiatric and psychological methods may be indicated. One cautionary note should be repeated. Assessment that does not include direct observation of the child under various circumstances and settings will not give the diagnostician a full picture of the child's behavioral functioning. Thus, good assessment must include observation of the child over a prolonged period of time and in a variety of settings.

There are numerous professionals who may be able to provide valuable information regarding the child. Educators, psychiatrists, psychologists, social workers, pediatricians, and speech and hearing personnel may need to be involved in order to gain a complete picture of the child's problems. Realistically, however, all these professionals may not be available to participate in such an assessment, nor may they all be necessary. The important point is to be able to judge which of these people can provide a vital piece of information. The pivotal person is, however, the educator. With that person rests the responsibility of seeing that assessment is educationally relevant. While other professionals may contribute additional information, it is still our responsibility, as members of the educational community, to design a program which meets that child's individualized educational needs.

SUMMARY

This paper has attempted to provide a framework for the identification of behavior disordered children. In doing so, the problems of defining such children and, hence, establishing standards of eligibility were discussed. The writer recommended the usage of the Bower criteria with some modification. In addition, identification as a process was presented as a critical factor within the broader area of identification. Hopefully, this latter discussion will be of assistance as local school districts formulate and implement their systematic plans for the identification of and service to behavior disordered children.

AREA: ssessment
LEVEL: PIJS
SOURCE: Pat Wells, ED Consultant, Keystone AEA #1
PROCEDURE: This is one sample of a way to organize assessment data for record keeping purposes.

STUDENT ASSESSMENT

__________ __________ School Year

STUDENT'S NAME: ______________________ GRADE: ______________________

BIRTHDATE: ______________________ PLACEMENT: ______________________

INTELLIGENCE TESTING

TEST: ______________________ CA: __________ RESULTS:

EXAMINER: ______________________

DATE: ______________________

* * *

WIDE RANGE ACHIEVEMENT TEST (WRAT)

PRE-TESTING — DATE: ________ EXAMINER: ________

POST-TESTING — DATE: ________ EXAMINER: ________

	PRE-TESTING				POST-TESTING			GROWTH
	GRADE EQUIVALENT	%	STANDARD SCORE		GRADE EQUIVALENT	%	STANDARD SCORE	
READING	____	____	____	READING	____	____	____	____
SPELLING	____	____	____	SPELLING	____	____	____	____
ARITHMETIC	____	____	____	ARITHMETIC	____	____	____	____

* * *

PEABODY INDIVIDUAL ACHIEVEMENT TEST (PIAT)

PRE-TESTING — DATE: ________ EXAMINER: ________

POST-TESTING — DATE: ________ EXAMINER: ________

	PRE-TESTING				POST-TESTING			GROWTH
	GRADE EQUIVALENT	%	STANDARD SCORE		GRADE EQUIVALENT	%	STANDARD SCORE	
MATHEMATICS	____	____	____	MATHEMATICS	____	____	____	____
READ. RECOG.	____	____	____	READ. RECOG.	____	____	____	____
READ. COMP.	____	____	____	READ. COMP.	____	____	____	____
SPELLING	____	____	____	SPELLING	____	____	____	____
GEN. INFO.	____	____	____	GEN. INFO	____	____	____	____
TOTAL TEST	____	____	____	TOTAL TEST	____	____	____	____

STUDENT'S NAME: ______________________ PAGE: ________

KEYMATH DIAGNOSTIC ARITHMETIC TEST

PRE-TESTING		POST-TESTING		GROWTH
DATE: ________ EXAMINER: ________		DATE: ________ EXAMINER: ________		
	GRADE EQUIVALENT		GRADE EQUIVALENT	
NUMERATION	________	NUMERATION	________	________
FRACTIONS	________	FRACTIONS	________	________
GEOMETRY & SYMBOLS	________	GEOMETRY & SYMBOLS	________	________
ADDITION	________	ADDITION	________	________
SUBTRACTION	________	SUBTRACTION	________	________
MULTIPLICATION	________	MULTIPLICATION	________	________
DIVISION	________	DIVISION	________	________
MENTAL COMPUTATION	________	MENTAL COMPUTATION	________	________
NUMERICAL REASONING	________	NUMERICAL REASONING	________	________
WORD PROBLEMS	________	WORD PROBLEMS	________	________
MISSING ELEMENTS	________	MISSING ELEMENTS	________	________
MONEY	________	MONEY	________	________
MEASUREMENT	________	MEASUREMENT	________	________
TIME	________	TIME	________	________
TOTAL TEST	________	TOTAL TEST	________	________

* * *

WOODCOCK READING MASTERY TESTS Form ________

PRE-TESTING			POST-TESTING			GROWTH
DATE: ________ EXAMINER: ________			DATE: ________ EXAMINER: ________			
	READING GRADE LEVEL	%		READING GRADE LEVEL	%	
LETTER IDENTIFICATION	________	________	LETTER IDENTIFICATION	________	________	________
WORD IDENTIFICATION	________	________	WORD IDENTIFICATION	________	________	________
WORD ATTACK	________	________	WORD ATTACK	________	________	________
WORD COMPREHENSION	________	________	WORD COMPREHENSION	________	________	________
PASSAGE COMPREHENSION	________	________	PASSAGE COMPREHENSION	________	________	________
TOTAL TEST	________	________	TOTAL TEST	________	________	________

STUDENT'S NAME: ______________________ PAGE: ________

ADDITIONAL TESTING

TEST: ______________ DATE: ______________ TEST: ______________ DATE: ______________

EXAMINER: ______________ RESULTS: EXAMINER: ______________ RESULTS:

* * *

TEST: ______________ DATE: ______________ TEST: ______________ DATE: ______________

EXAMINER: ______________ RESULTS: EXAMINER: ______________ RESULTS:

* * *

AREA: Research on Identification
SOURCE: Summarized from article by: Jeanne M. McCarthy and John Paraskevopoulos, "Behavior Patterns of Learning Disabled, Emotionally disturbed, and Average Children," Exceptional Children, Vol. 36, October 1969, pp. 69-74.

This article provides insights into the differences in behavior patterns of Learning Disability and Emotional Disability students which should be considered in the identification process.

One of the main findings of this study was that teachers perceive and rate the behavior of emotionally disturbed, learning disabled, and average children as different. Teachers of emotionally disturbed children perceived in their pupils more problem behaviors of greater severity than did either teachers of learning disabled or average children.

The typical child in classes for emotionally disturbed was perceived by his teacher as more of a conduct problem, more immature and more neurotic than the typical child in either a learning disability or regular class. The study suggested that both the typical emotionally disturbed and the typical learning disabled child exhibit at one time or another elements of all three types of behavior--unsocialized aggression, inadequacy-immaturity, and neuroticism--with a frequency and severity which reliably differentiate the two types of children from each other and from the typical child in the regular class.

Analysis of intragroup differences on the three factors suggested that (a) the emotionally disturbed children as a group exhibit more conduct problem behavior than either immature or personality problem behavior, and they are more immature than neurotic; (b) the learning disabled children as a group also manifest more conduct problem behaviors than immature or neurotic behaviors, with both of the latter dimensions being perceived as present to the same degree; and (c) teachers of regular classes perceive either fewer problems and/or problems of less severity than do teachers of the other two groups with these problem behaviors distributed relatively evenly over the three factors. Conduct problem behavior characterized by restlessness, disruptiveness, attention seeking, fighting, irresponsibility, tension, hyperactivity, distractibility, jealousy, etc., appears to be the main characteristic of both emotionally disturbed and learning disabled children.

The findings have special implications for the educational management of emotionally disturbed and learning disabled children, as follows:

1. Ratings of the child's problem behavior may be one additional criterion to be considered in diagnosis and placement of these children. The more problems present and/or the greater the degree of severity, the more likely it is that the child's behavior resembles that of the emotionally disturbed group.

2. Since the main behavior problem present in both groups, although at different levels, is conduct problem behavior, provisions should be made to deal with acting out behavior, overt aggressiveness, hostility, negativism, and hyperactivity in classes of both emotionally disturbed and learning disabled children. Such

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provisions as a crisis room or teacher's aide to help with the management of unsocialized aggression may well be considered in planning such programs.

3. The second order behavior problem for the typical emotionally disturbed child appears to be one of immaturity, inadequacy, withdrawal, inattentiveness, dislike for school, etc., the third order problem is one of neuroticism, self-consciousness, lack of self-confidence, fearfulness, depression, etc. For the learning disability group, both immaturity-inadequacy and neuroticism are of equal importance. Therefore, in establishing priorities in terms of time, resources, or methods for dealing with behavior problems of these children, immaturity will have a higher priority than neuroticism in emotionally disturbed children but will have the same priority in learning disabled children.

AREA: Youth programs and services for ED students

PROCEDURE: The following camps and services are possible resources which may meet the needs of ED students having particular types of behavior problems. The listing is not comprehensive and further information should be obtained from the service before any plans are set forth.

1. The University of Michigan Fresh Air Camps

This is a residential camp which focuses on the social-emotional needs and/or learning disabilities of boys and girls ages 7-14. Sessions are 2 weeks long.

Contact: Director
Fresh Air Camp
2010M School of Education
The University of Michigan
Ann Arbor, Michigan 48109
(313)764-6364

2. S.P.O.R.T.S. Program

The University of Iowa sponsors several 3 week sessions for Iowa boys and girls ages 10-16 who have social and behavior problems. The program features unique outdoor living experiences designed to increase self-confidence and the ability to relate to others. Cost is dependent on ability to pay.

Contact: Activities Therapy Department
Child Psychiatry Service
University of Iowa
Iowa City, Iowa 52240
(319) 353-5517

3. Ramapos Anchorage Camp, Rhinebeck, N.Y.

This is a residential, non-profit, non-sectarian camp serving only troubled children. Most children are from financially deprived homes and receive scholarship aid.

Contact: Robert Thomases, Director
Ramapos Anchorage Camp
Rhinebeck, N.Y. 12572
(914)876-4273